



**Financial Conflict of Interest
Statement of Disclosure**

Investigator: _____

Project Title: _____

NOTE: Any necessary attachments may be submitted in a sealed envelope until funding decision is made.

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you or your spouse or dependents (dependent children or other relatives living at the same address as the investigator or co- investigators) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization from which goods and services will be obtained under the sponsored project? If yes, please attach an explanation on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you or your spouse or dependents the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you or your spouse or dependents derived income within the past year, or do you or any member of your immediate family, anticipate deriving income exceeding \$10,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? If yes, please attach an explanation on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have significant financial conflicts of interest with the organization to which you are applying that you would like to make known to the conflict of interest reviewers? If yes, please attach an explanation on a separate sheet. |

Certification

I have read and understand the Minnesota West Community and Technical College Conflict of Interest Policy pertaining to grant proposals and sponsored research projects; have made all financial disclosures required by the policy; will comply with any conditions or restrictions imposed by the institution to manage, reduce or eliminate actual or potential conflicts of interest should I decide to proceed with the project; and will make the Minnesota West Community and Technical College, Grant Officer aware in writing of any new financial conflicts of interest that arise during the period of the award, should such an award be received.

Signature: _____

Date _____

Co- PI: _____