MORAVIAN UNIVERSITY
PHS/NIH FINANCIAL CONFLICT OF INTEREST DISCLOSURE FORM

Project Information

Name: _____ Department: _____

Lead PI: _____ Lead PI Organization (if not Moravian): _____

Role on Project: _____ Funding Agency: _____

Project Title: _____

Project Dates: _____ to _____

Are subrecipients involved in the project? ☐ Yes ☐ No

If yes, name(s) of subrecipient organization(s): _____

Type of Proposal/Disclosure

☐ New Proposal ☐ Update Disclosing New Significant Financial Interest

☐ New Investigator Added to Project ☐ Required Annual Update

1. Do you or any member of your immediate family (spouse, registered domestic partner, and/or dependent children) have any Significant Financial Interests (SFI) in a **Publicly-Traded Entity** that might reasonably appear to be related to your Institutional Responsibilities? *An SFI for publicly-traded entities exists if the aggregate value of any salary, other payment for services, and equity interest as of the date of disclosure in the past 12 months exceeds $5,000.*
   ☐ Yes ☐ No
2. Do you or any member of your immediate family (spouse, registered domestic partner, and/or dependent children) have any Significant Financial Interests (SFI) in a **Privately-Held Entity** that might reasonably appear to be related to your Institutional Responsibilities? *An SFI for privately-held entities exists if the aggregate value of any salary and other payment for services in the past 12 months exceeds $5,000 or when the Investigator or immediate family holds **any equity** interest.*
   ☐ Yes ☐ No
3. Have you or any member of your immediate family (spouse, registered domestic partner, and/or dependent children) received **any income** related to **intellectual property** rights and interests that might reasonably appear to be related to your Institutional Responsibilities? (Do not include any intellectual property that has been assigned to Moravian.)
   ☐ Yes ☐ No

If you answered Yes to any of the above three questions, provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.

4. In the past 12 months, have you undertaken any **travel** related to your Institutional Responsibilities that was either reimbursed or paid for by an individual or entity other than a Federal, state, or local government agency, an Institution of Higher Education as defined at 20 U.S.C. 1001 (a) , an academic teaching hospital, a medical center, or a research institute affiliated with an Institution of Higher Education?
   ☐ Yes ☐ No

If you answered Yes to question 4, provide the following information in a sealed envelope marked CONFIDENTIAL: the purpose of the trip, the name of the sponsor/organizer, and the destination, duration, and approximate monetary value.

Acknowledgement and Certification

I **acknowledge** that by signing my name below, it is my responsibility to disclose, *within 30 days*, any new significant financial interests obtained during the term of the above proposed project. I **certify** that I have read Moravian's PHS/NIH Financial Conflict of Interest Policy and agree to abide by its provisions. Furthermore, I **certify** that this disclosure of significant financial interests is complete and accurate to the best of my knowledge.

Investigator Name: _____ Date: _____

Investigator Signature: _____