

**FLORIDA INSTITUTE OF TECHNOLOGY**  
**FACULTY/STAFF DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS**

To disclose a conflict, this form must be completed by applicants including the Principal Investigator, any Co-Principal Investigators, and any other employee of the University who are or will be responsible for the design, conduct or reporting of activities under the sponsored project, in compliance with Federal law and University policy. This form must be submitted with each application for Sponsored Research (from both public and private sponsors), and prior to each transfer of technology arising out of any faculty or staff member's research.

**NAME:** \_\_\_\_\_ **ACADEMIC UNIT:** \_\_\_\_\_

**COLLEGE/SCHOOL:** \_\_\_\_\_

**PROPOSAL SUBMITTED TO:** \_\_\_\_\_

**PLEASE NOTE:** Answering affirmatively to any of the questions below does not imply impropriety; it means only that disclosure and evaluation, and - if determined to be necessary - approval and oversight, are required. Please see "Policies and Procedures to Ensure Objectively In Research" for important information.

1. To the best of your knowledge and belief, do you or any member of your immediate family have or expect to acquire during the term of the sponsored project or technology transfer, a significant financial interest in any business entity:
  - a. Which is sponsoring the proposed research or substantially related research?

YES                      NO
  - b. Whose business is substantially related to the subject matter of the proposal for sponsored research or the technology transfer?

YES                      NO
  - c. Which is requesting rights to any university-owned technology?

YES                      NO
  - d. That may compete for provision of goods or services to be paid for with funds from the sponsoring entity?

YES                      NO
2. Does the sponsored project or the technology transfer have the potential to limit the ability of students to publish research results or to direct their research for primarily commercial purposes?

YES                      NO
3. Does the sponsored project involve the actual or potential restrictions on disclosure or publication of research results, or the evaluation of results?

YES                      NO
4. Are you aware of any other sponsor or entity that has a claim of ownership or other legal interest granted by the university in the subject matter of the proposed sponsored project or technology transfer.

YES                      NO

For any affirmative answer above please provide:

- details, including the name of the business entity,
- any positions in that entity you or your immediate family hold at the time of this disclosure, and
- the type and amount of financial interest. You may assign a value (e.g., \$510,000) to any financial interest that is +/- 10 %.

Please attach additional sheets if necessary. Details should be submitted, along with any appropriate supporting documentation, in an envelope marked "**COMPANY PRIVATE**".

I, the undersigned below, have received and read the Florida Institute of Technology "Policies and Procedures to Ensure Objectivity in Research." I certify that I have disclosed all Significant Financial Interests on the part of myself and all members of my immediate family that could affect the design, conduct or reporting of the proposed research.

Further, I agree:

- to update this disclosure annually during the period of the award,
- to cooperate in the development of a Memorandum of Understanding (MOU) that represents a resolution plan for identified conflicts of interest, and
- to comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate conflicts of interest.

_____ Signature	_____ Typed Name	_____ Date Signed
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**ENDORSEMENTS:**

I have reviewed this disclosure and believe it will be possible to develop and execute, prior to award, an MOU to manage, reduce or eliminate any identified conflicts of interest. I recommend this proposal be submitted at this time.

**ACADEMIC UNIT HEAD:**

_____ Signature	_____ Typed Name	_____ Date Signed
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**COLLEGE/SCHOOL DEAN:**

_____ Signature	_____ Typed Name	_____ Date Signed
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**SENIOR VICE PRESIDENT FOR RESEARCH:**

_____ Signature	_____ Typed Name	_____ Date Signed
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Accepted, No Conflicts Identified

Referred to Objectivity in Research Committee

Date Referred: