

Conflict of Interest

Auburn University Disclosure Form for projects sponsored by the National Science Foundation or The Public Health Service

____ New ____ Update

Investigator's Full Name _____ Date _____

Employee ID Number _____

Department _____

School/College _____

Sponsoring Agency _____

Title of Project _____

Proposed/Awarded Amount _____

Proposal/Award numerical identifier _____

The purpose of this disclosure statement is for investigators at Auburn University to ensure that no unresolved conflict exists between their outside financial interests and their commitment to their research or educational activities funded by the National Science Foundation (NSF) or the Public Health Service (PHS). This statement conforms with current Federal guidelines requiring limited and targeted financial disclosure and review of the disclosure by a responsible university representative. This statement discloses specific facts to help the appropriate Reviewer determine if a conflict of interest exists so that the university can manage, reduce or eliminate the conflict.

1. Are you or a member of your immediate family, a director, officer, partner, employee, or agent, or in any managerial position in any business enterprise outside of Auburn University that might affect or be affected by your activities under the referenced proposal or award?

_____ **Yes** (if so, describe in detail the nature and extent of the affiliation on an attached sheet)

_____ **No**

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 any Business Enterprise in your field of academic interest or specialization as it specifically relates to the referenced proposal or award?

_____ **Yes** (if so, describe in detail the nature and extent of the affiliation on an attached sheet)

_____ **No**

3. Have you or your spouse or dependents collectively derived more than \$10,000 in income within the past year or do you or any member of your immediate family anticipate deriving collectively income exceeding \$10,000 per year from any business enterprise in your field of academic interest or specialization as it specifically relates to the referenced proposal or award?

_____ **Yes** (if so, describe in detail the nature and extent of the affiliation on an attached sheet)

_____ **No**

4. Do you or members of your immediate family have any other significant financial interest, including salary or other payments for services, equity interest, and/or intellectual property rights in any business enterprise in your field of academic interest or specialization as it specifically relates to the referenced proposal or award?

_____ **Yes** (if so, describe in detail the nature and extent of the affiliation on an attached sheet)

_____ **No**

Certification: I have read and understand the Auburn University Disclosure Form for NSF-and PHS-funded Projects; have made all financial disclosures required; and will comply with any conditions or restrictions imposed to manage, reduce or eliminate actual or potential conflicts of interest.

Signature _____ Date _____

Reviewer's Certification

I certify that to the best of my knowledge the person named above has disclosed all reportable outside interests and activities, as related to the referenced proposal or award sponsored by the NSF or PHS. I further certify that I have reviewed the disclosure and have determined:

_____ no conflict exists

_____ any conflict has been managed, reduced, or eliminated

_____ the conflict cannot be resolved, please notify the sponsoring agency (additional information is attached)

Signature _____

Typed/Printed Name: _____

Title: _____

Date: _____