

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
CONFLICT OF INTEREST DISCLOSURE FORM
Grant or Contract Renewal

Investigator Name: _____

Department/College: _____

Project Title: _____

Proposed Sponsor: _____

AT THIS TIME, I HAVE NOTHING TO DISCLOSE

I am disclosing the following significant financial interests related to the entity funding the project or the entity involved with the project. (Responses should include the investigator, his/her spouse, and any dependent children.)

Name of Entity: _____

Address of Entity: _____

Principal Type of Business: _____

If Entity is the Sponsor, Amount of Funding Request: \$ _____

Are you a director, officer, partner, trustee, or employee of the entity? Yes No

Do you have an investment of \$1,000 or more in the entity? Yes No

Do you hold an equity position of 5% in the entity? Yes No

Have you received income of \$250 or more or gifts valued at \$50 or more from the entity? (Exclude income received from the entity for a current or previously funded project.) Yes No

Have you received a loan from the entity for which the outstanding balance exceeded \$250 in the past 12 months? Yes No

Do you have an interest in any intellectual property rights belonging to the entity? Yes No

Investigator Certification:

- I agree to update this disclosure either on an annual basis, or as new reportable significant financial interests are obtained.
- I agree to cooperate in the development of a Resolution Plan to address any actual or potential conflict of interest identified via this Disclosure.
- I agree to comply with any conditions or restrictions imposed by CSUN to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.

Signed: _____

Investigator

Date: _____

Endorsements: I have reviewed the significant financial interest disclosure and believe that no significant financial interest exists or if one does exist that it is possible to develop and execute, prior to award, a Resolution Plan to manage, reduce, or eliminate any actual or potential conflict of interest; and, therefore, I recommend that the proposal be submitted to the agency at this time.

Signed: _____

AVP for Graduate Studies, Research and International Programs.

Date: _____