

ATTACHMENT A

GVSU Financial Interest Disclosure – PHS Funded Research

Per the requirements of the Public Health Service-Funded Research Financial Conflict of Interest (42 CFR, Part 50, Subpart F)

Name:

Date:

Proposal/Grant:

Role:

I am reporting on activities: for the year as an addendum to my most recent report dated

Yes	No	1. In the twelve months preceding this disclosure, did you or a member of your household (spouse and dependent children) receive remuneration related to your institutional responsibilities from a publicly traded entity (e.g. salary, payment for services, consulting fees, honoraria, paid authorship, compensation for service on an advisory committee or review panels, providing expert testimony, gifts, gratuities, etc.) If yes, furnish information on attached pages. [42 CFR 50.603(1)(i)]
Yes	No	2. In the twelve months preceding this disclosure, did you or a member of your household (spouse and dependent children) hold any equity interest, that when aggregated, exceeds \$5,000 in a publicly-traded entity related to your institutional responsibilities (e. g. stock, stock option, other ownership interest)? If yes, furnish information on attached pages [42 CFR 50.603(1)(i)]
Yes	No	3. In the twelve months preceding this disclosure, did you or a member of your household (spouse and dependent children) receive remuneration related to your institutional responsibilities from a non-publicly traded entity, that when aggregated, exceeds \$5,000? (e.g. salary, payment for services, consulting fees, honoraria, paid authorship, compensation for service on an advisory committee or review panels, providing expert testimony, gifts, gratuities, etc.) If yes, furnish information on attached pages. [42 CFR 50.603(1) (i)]
Yes	No	4. Do you or a member of your household (spouse and dependent children) hold any equity interest related to your institutional responsibilities in a non- publicly traded entity that when aggregated, exceeds \$5,000? (e. g. stock, stock option, other ownership interest.) If yes, furnish information on attached pages. [42 CFR 50.603(1) (ii)]
Yes	No	5. Do you or a member of your household (spouse and dependent children) have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by GVSU. If yes, furnish information on attached pages. [42 CFR50.603(1)(iii)]
Yes	No	6. Have you engaged in, or do you anticipate engaging in, travel related to your institutional responsibilities that is paid for on your behalf by a sponsoring/reimbursing entity other than any of the following: <ul style="list-style-type: none"> - Federal, state, or local government agency - Institution of higher education as defined by 20 USC 1001(a) - Academic teaching hospital - Medical center, or - Research institute that is affiliated with an institution of higher education If yes, furnish information on attached pages. [42 CFR50.603(2)]

Certification:

I have read and understand the GVSU, Office of Sponsored Programs, *Conflict of Interest Procedure for PHS-Funded Research*, and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by GVSU to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of a member of my household (spouse and dependent children), change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision within 30-days of any change. I recognize that I will be required to submit a Financial Interest Disclosure Report at least annually for any PHS-funded research award.

Printed Name:

Date:

Signature:

Additional supplementary page(s) attached to Financial Interests Report

Question No.

1)._____	self	household member	Name: _____	Relationship
2)._____	self	household member	Name: _____	Relationship
3)._____	self	household member	Name: _____	Relationship
4)._____	self	household member	Name: _____	Relationship
5)._____	self	household member	Name: _____	Relationship
6)._____	self	household member	Name: _____	Relationship

Receipt/Review Signatures:

Institutional Official

Date:

Office of Sponsored Programs

Date:

Note: Confidentiality statement under development, but to be inserted here.

Supplementary Information for:

☐ Self Name: _____

☐ Household member Name: _____
(spouse and dependent children)

Name/Address of External Entity (or entities) and type of relationship (check all that apply):

a). Name _____ ☐ Consultant ☐ Speaker ☐ Advisory Bd./ Comm. Member ☐ Equity Holdings ☐ Board Member or Officer ☐ IP ☐ Royalty Income ☐ Other

Address _____

Amount received/value: \$ _____

b). Name _____ ☐ Consultant ☐ Speaker ☐ Advisory Bd./ Comm. Member ☐ Equity Holdings ☐ Board Member or Officer ☐ IP ☐ Royalty Income ☐ Other

Address _____

Amount received/value: \$ _____

c). Name _____ ☐ Consultant ☐ Speaker ☐ Advisory Bd./ Comm. Member ☐ Equity Holdings ☐ Board Member or Officer ☐ IP ☐ Royalty Income ☐ Other

Address _____

Amount received/value: \$ _____

d). Name _____ ☐ Consultant ☐ Speaker ☐ Advisory Bd./ Comm. Member ☐ Equity Holdings ☐ Board Member or Officer ☐ IP ☐ Royalty Income ☐ Other

Address _____

Amount received/value: \$ _____

e). Name _____ ☐ Consultant ☐ Speaker ☐ Advisory Bd./ Comm. Member ☐ Equity Holdings ☐ Board Member or Officer ☐ IP ☐ Royalty Income ☐ Other

Address _____

Amount received/value: \$ _____

Travel paid by entity:

Entity Name	_____
Destination	_____
Amount/value	_____
Entity Name	_____
Destination	_____
Amount/value	_____
Entity Name	_____
Destination	_____
Amount/value	_____

Comments or explanatory information: Please attach separate sheet signed/dated with comments or explanatory information.

Note: Confidentiality statement under development, but to be inserted here.