

## Conflict of Interest Form

### **Disclosure of Significant Financial Interests and Obligations**

As part of its commitment to promoting objectivity in research and in compliance with federal regulations on conflict of interest, Bowie State University (BSU) requires that the investigators submit a disclosure form with the proposal routing form to ensure that the design, conduct and reporting of sponsored program activity will not be biased by the significant financial interests or obligations of any investigator. Investigators who are required to file include Principal Investigators, Co-Principal Investigators, project directors, and any individuals who are in a significant decision-making role or who have or will have signature authority for a grant account. Each investigator with significant decision-making or signature authority for a grant must submit a disclosure of Significant Financial Interests and Obligations with each routed proposal. In addition, a revised Disclosure must be filed with the Office of Research and Sponsored Programs whenever an investigator or others identified above have a material change in significant financial interests and obligations. The Disclosure of Significant Financial Interests and Obligations is a two-part form. All investigators in the categories identified above must complete Part I. If answers to Part I indicate that there may be a real or apparent conflict of interest, Part II must be completed and filed. The completed Disclosure of Significant Financial Interests and Obligations should be included in your proposal packet. The Office of Research and Sponsored Programs will not submit your sponsored programs application until your disclosure form has been submitted. Compliance with this requirement is also a prerequisite to the acceptance by the Bowie State University of any research grant or contract. The submission of this annual Disclosure satisfies the requirements of the Department of Health and Human Services (PHS) and the National Science Foundation (NSF) and queries on application forms from Foundations and other private organizations about BSU's management of conflict of interest related to externally funded projects. Information contained on the Disclosure will be kept in the Office of Sponsored Programs as part of the official university proposal and award records. Should a conflict of interest be identified, the Provost of Academic Affairs will conduct the review and subsequent recommendation for management of the conflict. Questions concerning any research-related Disclosure should be addressed to Dr. Alzira Harrison, Research Compliance Manager, at [COI@bowiestate.edu](mailto:COI@bowiestate.edu).

## Conflict of Interest Form

### Disclosure of Significant Financial Interests and Obligations - Part I

All Bowie State university investigators seeking external sponsored funding to conduct scholarly activities are required to complete this form before a proposal can be endorsed for submission. Specific Instructions: Place a check in the appropriate column for each question. Once every question is answered, the investigator must certify the information by signing the bottom of the form.

**Submission By:** Bowie State University (ORSP)  Bowie State University Foundation  The Maryland Center

**Investigator Name:** \_\_\_\_\_ **Department/School:** \_\_\_\_\_

**Funding Agency:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Please answer the following questions.**

- Yes or**  **No** Do you or your family member hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with a sponsor, a vendor or (sub) contractor related to the proposed sponsored program activity?
  
- Yes or**  **No** Do you or your family member have Significant Financial Interest in a Sponsor, a vendor or (sub) contractor related to your proposed sponsored program activity?  
*“Significant Financial Interest” includes stock, stock options, and/or any other ownership interest in a single entity valued at more than \$10,000 or 5% ownership”.*
  
- Yes or**  **No** Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your proposed sponsored program activity?  
*Defined as a spouse, domestic partner, ancestors, children, siblings (whole or half), and grandchildren, great grandchildren, including any of these in a step-relationship, and spouses or domestic partners of any of the above.*

If you answered “No” to ALL of the questions above, your Disclosure is complete; you do not have to submit Part II. **If you answered “YES” to ANY question above, please complete a separate Part II for every outside organization with which you have the relationship(s) indicated above.** Return all completed forms to the ORSP staff member assigned to your proposal.

**Investigator Certification:**

- I have read and understood the Disclosure of Significant Financial Interests and Obligations.
  
- I agree to file a new or updated Disclosure of Significant Financial Interests and Obligations form if answers to any of the above questions change.
  
- I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Conflict of Interest Form

#### **Disclosure of Significant Financial Interests and Obligations- Part II**

Complete Part II only if you answered, "YES" to at least one of the questions in Part I. Attach one Part II form for each organization or individual with whom you have the relationship(s) indicated in Part I.

**Investigator Name:** \_\_\_\_\_

Number of Part II forms submitted: of which, this is number: \_\_\_\_\_

1. Name of organization/individual: \_\_\_\_\_

2. Financial relationship(s) with the organization/individual (check all that apply):

Consultant                                       Employee                                      Equity Interest

Recipient of Honoraria                      Recipient of Royalties

Other (Describe): \_\_\_\_\_

3. The financial relationship is between the organization/individual and (Check all that apply):

Self     Family Member

4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that when aggregated with payments from this organization to your spouse, domestic partner, and/or dependent child(ren) will exceed \$10,000?

Yes or  No

5. Have you had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization which, when aggregated with those of your family member in this organization, have a fair market value exceeding \$10,000 or represent an ownership interest of 5% or more?

Yes or  No

6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research? \_\_\_\_\_