

UNIVERSITY OF KENTUCKY
Staff/Faculty Disclosure Of Financial Interest Form

This form must be completed by all grant applicants (including the principal investigator, any co-principal investigators, and any other University employee who is or will be responsible for the design, conduct or reporting of activities under the sponsored project). This form must be submitted to your dean or director before the University can submit an application for any sponsored research agreement, and prior to registration or transfer of technology arising out of any faculty or staff member's research.

Name: _____ Dept.: _____ College: _____

Title & Position: _____ UK Person ID: _____

Campus Telephone Number: _____ Dean or Director: _____

Principal Investigator _____ Sponsor: _____ Proposal Deadline: _____

Proposal Title:

This Financial Disclosure Statement is to be completed in connection with the University's Conflict of Interest/Financial Disclosure Policy--Research, AR II-4.0-4. Please make reference to the regulations for definitions of the terms used herein. Please note, answering "yes" to any of the following questions does not mean the financial interest is inappropriate or improper, it means only that disclosure and evaluation, and in some cases, approval and oversight, are required. For further information, refer to AR II-4.0-4. The purpose of this Financial Disclosure Statement in conjunction with the University's Policy on Financial Conflict of Interest in Research is to help investigators determine if the combinations of their professional activities pose any threat to the objective pursuit of their research.

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| 1. | Financial Compensation from Related Businesses | YES | NO | |
| | Are you, or is anyone in your immediate family, currently receiving income from a business in any way related to or that might be affected by your proposed sponsored research activities or transfer of technology (such as consulting or other fees; salary; allowance, dividend; rent; capital gain; real or personal property), and that when aggregated over the next twelve months is expected to exceed \$10,000? | | | |
| 2. | Equity Interest in Related Businesses | YES | NO | |
| | Are you, or is anyone in your immediate family, currently holding financial interests exceeding \$10,000 or 5% ownership in a business enterprise related to your proposed research activities or transfer of technology? | | | |
| 3. | Intellectual Property and Related Businesses | YES | NO | |
| | Are you, or is anyone in your immediate family, currently entitled to receive compensation from a business enterprise due to intellectual property in any way related to or that might be affected by your proposed research or transfer of technology (such as patents, copyrights, or royalties agreements)? | | | |
| 4. | Other Relevant Financial Interests | YES | NO | |
| | Are there any other situations not covered above might possibly be affected by the research for which funding is sought? | | | |

If you answered YES to any of the above questions, please attach a complete description of the situation. (You need not disclose dollar amounts.)

I have read and understood the University of Kentucky's "Policy on Conflict of Interest/Financial Disclosure—Research"; have made all required financial disclosures; will submit a proposal for a conflict management plan if necessary; and will comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate conflicts of interest regarding my research.

Signature
Date

TO BE COMPLETED BY DEAN, CENTER OR INSTITUTE DIRECTOR OR COMMUNITY COLLEGE PRESIDENT

Were any potential conflicts noted? **YES** **NO**
If **NO**, forward this form in a sealed envelope marked "confidential" to the Office of Sponsored Projects Administration, 201 Kinkead Hall 0057.

If **YES**, refer to AR II-4.0-4. You and the researcher are to propose a joint plan of management to submit to the Vice President for Research.

Printed Name: Dean or Director _____ Signature _____ Date _____