

### Wilkes University Financial Disclosure Form

Due in the Sponsored Research Office no later than day of proposal submission.  
See Wilkes University Conflict of Interest Policy for further detail.

Investigator Name:

Project Name:

Source of Funds:

Status: Current  Pending

Role in Project: PI  Co-PI  Senior/Key Personnel  Consultant  Unpaid Collaborator

Other Investigator  (as defined in the Policy)

In making the following certification and representations, please remember that all the following must be *included* as significant financial interests:

- All financial interests pertaining to you personally;
- All pertaining to your spouse;
- All pertaining to a dependent child.

The following types of financial interests are *excluded* and should not be reported on this form as significant financial interests:

- Salary, royalties, or other remuneration from Wilkes University;
- Income from investment vehicles such as mutual funds or retirement accounts, as long as you do not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by, or service on advisory committees or review panels for, or travel sponsored or reimbursed by any or all of the following (U.S.-based entities only):
  - Federal, State or local government agencies
  - Institutions of higher education
  - Academic teaching hospitals
  - Medical centers
  - Research institutes affiliated with institutions of higher education.

Check one of the following statements:

*I hereby certify that I have read the Conflict of Interest in Sponsored Research Policy, which is effective for all Federal proposals submitted through the University. I certify to the best of my knowledge that neither I nor my spouse or dependents hold any significant financial interests that would reasonably appear to be related to my research, teaching and service responsibilities to Wilkes University.*

*I (or my spouse and/or dependant child) have the following relationships, affiliations, activities, or interests which constitute significant financial interests under the Wilkes University Conflict of Interest policy (see following pages):*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Publicly Traded Entities**

*Instructions: Copy as many times as needed for all publicly-traded entities. Do not include any company for which subtotal of all financial interests < \$5,000*

Entity Name	Interests Pertaining to (check all that apply):	Type of Interest	Value of Interest	Combined Value of Equity and Any Compensation
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child	<input type="checkbox"/> Equity <input type="checkbox"/> Compensation	Equity Value \$ _____ and/or Compensation over last 12 months \$ _____	
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child	<input type="checkbox"/> Equity <input type="checkbox"/> Compensation	Current Mkt. Value \$ _____ and/or Compensation over last 12 months \$ _____	
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child	<input type="checkbox"/> Equity <input type="checkbox"/> Compensation	Current Mkt. Value \$ _____ and/or Compensation over last 12 months \$ _____	

**Non-Publicly Traded Entities (Equity Interests)**

*Instructions: List all non-publicly traded entities in which you, your spouse and/or dependent child hold an equity interest, regardless of dollar value. Add rows if needed. Estimated \$ value and % ownership columns are optional, but the University reserves the right to request this information during the Conflict of Interest determination process if these are left blank.*

Entity Name	Interests Pertaining to (check all that apply):	Entity Business Type	Estimated \$ Value	% Ownership
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			

Investigator Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Non-Publicly Traded Entities (Compensation)**

*Instructions: List all non-publicly traded entities from which you, your spouse and/or dependent child have received compensation of \$5,000 or more in the last 12 calendar months. All columns must be completed in full. Add rows if necessary.*

Entity Name	Interests Pertaining to (check all that apply):	Position or Relationship	Entity Business Type	Total Compensation in \$
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child			

**Compensation for Intellectual Property Rights**

*Instructions: This does not include any payment from Wilkes University for intellectual property assigned to the University in conformance with the College’s Intellectual Property policy. List all entities other than Wilkes University from which you, your spouse and/or your dependent child have received payment for intellectual property rights (e.g. royalties, licensing fees, etc.) in the last 12 calendar months. Add rows if necessary.*

Entity Name	Interests Pertaining to (check all that apply):	Description of Intellectual Property	Total Compensation in \$
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child		
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child		

**Sponsored or Reimbursed Travel**

*Instructions: List any instance of travel from the last 12 calendar months which was either sponsored or reimbursed by an entity other than Wilkes University or those types of entities excluded from disclosure on page 1. Include any instance where reimbursement was made by Wilkes University from a fund account sponsored by a non-excluded entity. Add rows if needed. Estimated cost column is optional, but may be requested upon review of information provided.*

Traveler (check all that apply)	Destination	Dates of Travel	Purpose of Travel	Sponsor Name or Reimbursement Source	Estimated costs in \$
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child					