

Robert Morris University

Research & Grants Financial Conflict of Interest Policy (R&G FCOI) DISCLOSURE FORM

This form is designed to assist in the identification and management of potential financial conflicts of interest and determine whether additional restrictions or oversight exist prior to the University's acceptance or disbursement of funds of a sponsored award of the completion of a technology transfer agreement. If you are involved in more than one grant award, Robert Morris University requests one form per grant award. This disclosure is for a: Federal Grant Non-Federal Grant Applicant: Department: Proposal Title:
 Start Date:

 End Date:

 Funded by (Grant Agency Name): 1. Are you or a family member an officer, partner, trustee, employee, board member of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project? Yes – Explain: _____ No 2. Are you or a family member the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under thus sponsored project? _____ Yes – Explain: _____ No

3.	Have you or your spouse or dependents derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$5,000 per year from the external organization from which goods and services will be obtained under this sponsored project?		
	Yes – Explain:		
	No		
4.	Are there other situations, not listed above, that you believe may create an actual or potential conflict of interest?		
	Yes – Explain:		
	No		
Certifi	cation:		
of Inter	read and understand the terms of Robert Morris Universet Policy, have made all necessary financial disclosurions imposed to manager, reduce or eliminate actual of	res and will comply with any conditions or	
Signature of Applicant:		Date:	
If you	do not have a financial conflict of interest to disclos	e to Robert Morris University:	
of Inter	read and understand the terms of Robert Morris Universet Policy and certify that I do not have any existing of the Robert Morris University.		
Signatu	are of Applicant:	Date:	