

INVESTIGATOR FINANCIAL DISCLOSURE FORM

(FOR ALL APPLICATIONS FOR FUNDS FOR RESEARCH, EDUCATIONAL AND SERVICE GRANTS,
SUBGRANTS, CONTRACTS, SUBCONTRACTS AND COOPERATIVE AGREEMENTS)

- N
- P/NB
- C
- S

PROJECT TITLE:		
PRINCIPAL INVESTIGATOR:	DEPT:	PHONE:
FUNDING AGENCY OR SPONSOR:	PROJECT AMOUNT:	START DATE:

TYPE: RESEARCH EDUCATION/TRAINING SERVICE OTHER

NOTHING TO DISCLOSE: CHECK "NO" COLUMN BELOW

I do not have any significant financial interests (as defined on the reverse side): that would reasonably appear to be affected by the research or educational activities proposed for funding; or in entities whose financial interests would reasonably appear to be affected by the research or educational activities proposed for funding.

My spouse does not have any such significant financial interests.

My dependent children do not have any such significant financial interest.

DISCLOSURE TO BE MADE: CHECK "YES" COLUMN BELOW

I and/or my spouse and/or my dependent children DOES have such significant financial interests (as defined on the reverse side) and will submit a separate description disclosing these interests to the Research Dean or Vice President prior to submitting this grant application.

I certify that the above information is correct; that I have read and understood the UMDNJ Policy on Investigator Financial Disclosure and Conflict of Interest; that, to the best of my knowledge, all required financial disclosure has been made above; that I will update my Investigator Financial Disclosure Form during the period of the award and submit it to the Research Dean or Vice President on an annual basis, or as new reportable significant financial interests requiring disclosure are obtained by me, my spouse or my dependent children, or if my situation with respect to potential conflict of interest otherwise changes since the original financial disclosure at the time of submission of this proposal; that I will comply with any conditions or restrictions imposed by UMDNJ to manage, reduce or eliminate conflicts of interest caused by my financial interests.

NAME (PRINT & SIGN)	NO	YES	DATE	CHAIR (OR DEAN IF INVESTIGATOR IS CHAIR) OR VICE PRESIDENT (SIGN)	DATE
PRINCIPAL INVESTIGATOR:				CHAR:	
INVESTIGATOR:				CHAR:	
INVESTIGATOR:				CHAR:	
INVESTIGATOR:				CHAR:	
INVESTIGATOR:				CHAR:	

(If applicable) As the official institutional representative of another institution or group on a UMDNJ subgrant, contract, subcontract or collaboration, I have received a copy of this UMDNJ policy and certify that it has been circulated to all other individuals from my institution or group who are participating in this project. I will ensure to the best of my ability that these individuals comply with the policy.

Signature of Investigator _____

Print and sign name Date