

CONFIDENTIAL
Florida A&M University

Financial Conflict of Interest Annual Disclosure Form

This form is confidential and may be reviewed only by the appropriate Department Head/Director/Dean and others as designated in the FAMU Financial Conflict of Interest policy. Originals are submitted to the Office of Sponsored Programs.

PLEASE PRINT

Name:	Disclosure Year: _____ This is the <i>previous</i> calendar(January - December) year.
Rank/Title:	FAMU ID #:
Department:	Campus Phone:
Email:	

Question: During the last calendar year (January through December), did you, your spouse, domestic partner and/or dependent children, alone or in combination, have **significant financial interest** in an entity that:

- **sponsors your research or your program,**
- **has made or pledged a gift to the Florida A&M University that benefits your research or sponsored program,**
- **has products, services, or research interests that could reasonably appear to be affected by your research or sponsored program,**
- **sells goods or services to the University that will be used in your research or sponsored program, or**
- **has another involvement in your research or sponsored program (such as a consulting agreement)?**

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A **significant financial interest** involves:

- (a) Income (including salary) consulting payments; honoraria, reimbursement of expenses(travel),royalty payments, dividends, or any other payment or consideration from a simple business entity, public entity, or non-profit entity exceeding \$5,000 during the prior twelve months or
- (b) having an equity interest over \$5,000 or
- (c) having an ownership interest over five percent (5%) or
- (d) income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities or
- (e) income from service on advisory committees or review panels for public or nonprofit entities
(This does not include 'indirect' equity interest or ownership through mutual funds.)

_____ **NO** Your disclosure is complete. Please sign and submit this form.

_____ **YES** Sign this form **and** complete a FCOI Disclosure Attachment Form for *each* external entity in which there is a significant financial interest and submit all forms together.

(The FCOI Disclosure Attachment Form) may be found at <http://famuedu/Research>)

I agree to abide by Florida A&M University Financial Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by Florida A&M University, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 60 days of that change.

Signature: _____ Date: _____

SUBMIT THIS FORM:

Via Email: Send to: sponsor@famuedu Please be advised that email is not a secure or confidential communication medium. By submitting your FCOI form by email, you acknowledge that the University cannot guarantee the security or confidentiality of the email, and you assume all risk of loss.