

CONFLICT OF INTEREST DISCLOSURE FORM
Non-DHHS/PHS/NIH Governmental Funding Source

Please complete this form and submit it via interdepartmental mail to the CSUSM Corp Sponsored Projects Administrator.

Investigator Name: _____

Department/College/Center: _____

Project Title: _____

Proposed Sponsor: _____

Check appropriate box:

I have no significant financial interests related to the government funding for this project. **If you have checked this box, skip to "Investigator Certification".**

I am disclosing the following significant financial interests related to the government funding for this project. (Responses should include the investigator, his/her spouse, and any dependent children.)

Name of Entity: _____

Address of Entity: _____

Principal Type of Business: _____

Have you received in the last 12 months or expect to receive in the next 12 months salary, consulting fees and/or other payments in excess of \$10,000 from this entity? Yes No

Do you have an investment of \$10,000 or more in the entity? Yes No

Do you have an equity position of 5% or more in the entity? Yes No

Do you have an interest in any intellectual property rights belonging to the entity? Yes No

Investigator Certification:

- I agree to update this disclosure either on an annual basis, or as new reportable significant financial interests are obtained.
- I agree to cooperate in the development of a Resolution Plan to address any actual or potential conflict of interest identified via this Disclosure.
- I agree to comply with any conditions or restrictions imposed by Cal State San Marcos/CSUSM Corp to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.

Signed: _____

Investigator

Date: _____

FOR CSUSM CORP OFFICE OF SPONSORED PROJECTS	
<input type="checkbox"/>	No further review required. The investigator discloses no financial interest specific to this project.
<input type="checkbox"/>	Refer to AVPR/CIRC for review. Date: _____.
<input type="checkbox"/>	CIRC determined no significant financial interest. Date: _____.
<input type="checkbox"/>	CIRC recommended Resolution Plan. Date: _____.