

FORM D: Financial Conflict of Interest Disclosure

For new proposals: This form is required if you are requesting external funding to conduct research. Upload it when you submit Form B. Any co-PIs for the proposal must also complete the form and include with Form B.

For current projects: PIs and co-PIs are required to submit an annual disclosure. A disclosure is also required if a new investigator is added to the project, an investigator acquires a new significant financial interest, or if an investigator has a previously existing, undisclosed significant financial interest. Submit this form to sponsoredprograms@vermontstate.edu.

Name: _____

Title of Project: _____

Project Role: ☐ PI ☐ Co-PI ☐ Other: _____

Reason for completing this form:

- ☐ New proposal submission ☐ Annual disclosure
- ☐ New investigator added to existing project ☐ Acquisition of new significant financial interest(s)
- ☐ Previously existing, undisclosed significant financial interest(s)

CONFLICT OF INTEREST DETERMINATION

1. During the last 12 months, did you, or any member of your immediate family (your spouse or partner and your dependent children) have any **significant financial interests** that would reasonably appear related to your institutional responsibilities?

☐ Yes ☐ No

A significant financial interest means:

- Remuneration from a publicly traded entity that, when aggregated, is in excess of \$5,000. This includes salary (consulting fees, honoraria, etc.) as well as equity interest (stock, stock options, or other ownership interests) determined at fair market value.
- Remuneration from any non-publicly traded entity that, when aggregated, is in excess of \$5,000.
- Equity interest held by a non-publicly traded entity.
- Income related to intellectual property rights (e.g., patents, copyrights) that is paid by an entity other than the Vermont State Colleges System.

2. During the last 12 months, have you had travel expenses related to your institutional

responsibilities that were paid by another entity, either through reimbursement to you or paid on your behalf? (Do not include travel reimbursed or paid by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institution affiliated with an institutional of higher education.)

☐ Yes ☐ No

If you answered "YES" to either question, you must complete FORM E: Significant Financial Interest Disclosure

CERTIFICATION

Please initial the boxes below indicating that you understand and agree to the following:

_____ I have read and understand VSCS Policy 435, Financial Conflict of Interest in Research, as well as the accompanying procedures.

_____ I have completed this disclosure to the best of my knowledge.

_____ I agree to update this disclosure annually during the award period.

_____ I agree that if I acquire new significant financial interests, I will update this disclosure within 30 days.

By my signature below, I confirm my compliance with the requirements of VSCS Policy 435 and attest to the accuracy of the information provided on this form.

Signature: _____ Date: _____