

POLICY

**WESTERN WASHINGTON UNIVERSITY
FACULTY AND STAFF INVESTIGATORS DISCLOSURE STATEMENT
REGARDING EXTERNALLY-FUNDED PROJECTS**

Report only those outside interests related to your externally-funded University activities. Interests and activities related to your externally-funded projects are not necessarily impermissible. This disclosure is intended to meet the Federal and University requirements and to protect faculty and staff investigators from speculation or perception of compromising academic and/or institutional integrity.

NAME _____ TITLE/RANK _____

DEPARTMENT _____

DIVISION _____

NAME OF FUNDING SPONSOR _____

PROJECT PERIOD _____

DATE OF COMPLETION _____

1. Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, or others relatives living at the same address as the faculty or staff investigator) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization involved in this sponsored project or of any organization from which goods and services will be obtained under the sponsored project?

_____ Yes (if so, describe in detail the nature and extent of the affiliation on an attached sheet)

_____ No

2. Do you or any immediate family member have an interest that, when aggregated for you and your spouse and dependent children, have an interest exceeding \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, AND represents more than 5% ownership interest in any single entity?

_____ Yes (if so, describe in detail the nature and extent of the equity interest on an attached sheet).

_____ No

WESTERN WASHINGTON UNIVERSITY

POLICY

3. Have you or any member of your immediate family derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$10,000 per year from the external organization involved in this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

_____ Yes (if so, describe on an attached page the amount of the income and the reason for which it was or will be derived)

_____ No

4. Do you have any affiliation with an external organization that would diminish your ability to fulfill your paramount obligations to your students, your colleagues, or the University; or have you involved any graduate student in a proprietary capacity with the external organization?

_____ Yes (if so, describe on an attached page the nature of the affiliation and the amount of time per week you dedicate to it)

_____ No

5. Are you or a member of your immediate family involved in any situation which you believe may create an actual or perceived conflict of interest?

_____ Yes (if so, describe on an attached sheet in detail the situation in which you believe there is a conflict of interest)

_____ No

CERTIFICATION:

I have read and concur with the Financial Disclosure Policy for Externally-Funded Projects. The above questions are answered in a complete and accurate manner and are a reflection of my current reportable interests and activities.

SIGNATURE: _____ DATE _____
Faculty or Staff Investigator, Rank/Title

POLICY**Statement of Department Chair, Dean, Director:**

I certify that _____ reports to me, and that I am (not aware _____) (aware _____) of any existing conflict of interest either real or perceived or which has not already been reported and resolved.

SIGNATURE: _____ DATE: _____

TYPED NAME AND TITLE: _____

Statement of University Designated Reviewer Responsible for Financial Disclosure Policy:

I have reviewed this form and find (No _____) (Yes _____) further action is required.

SIGNATURE: _____ DATE: _____

TYPED NAME AND TITLE: _____