

# Occidental College Financial Disclosure Form

Provision of the information on this form is required for any individual who has a disclosable financial interest related to the work to be conducted and responsibility for the design, conduct, or reporting of a project under either the National Science Foundation or the Public Health Service. The information may be released to sponsoring agency personnel. The purpose of collecting this information is to comply with Federal Regulations (42 CFR Part 50 and 45 CFR Part 94) and the College policy on Disclosure of Financial Interests Related to Sponsored Projects. Complete one form for each Entity in which you have a financial interest and submit in a sealed envelope.

This submittal is for (check one)                       New Disclosure                       Update

Individual Making Disclosure: Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal Investigator's Name (if different): Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Project Title: \_\_\_\_\_ Award #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency:       NSF                       PHS/NIH                       Subcontract from: \_\_\_\_\_  
(Disclosure is required for subcontracted funds originating from PHS/NIH)

**Provide the following information about the related Entity in which you have financial interest.  
Please type or print information.**

Name of Entity: \_\_\_\_\_ Principal Business: \_\_\_\_\_

1. Do you, your spouse or dependent child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with this Entity?  
 No                       Yes - Position: \_\_\_\_\_

If yes, describe your responsibilities and explain relationship to this project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you, your spouse, or dependent child(ren) have equity interest (stock, stock option, real estate, investment, or other ownership) in excess of \$10,000 or 5% ownership in this Entity?  
 No                       Yes - Value exceeds \$10,000                       Yes - Amount of equity is 5% or more  
The percent owned is: \_\_\_\_\_

3. Have you, your spouse, or dependent child(ren) received income in excess of \$10,000 from the Entity in the past 12 months? "Income" includes any payment such as salary or services from sources other than Occidental College.  
 No                       Yes - Value exceeds \$10,000

If yes, describe the nature of the income or services and explain the relationship to this project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you, your spouse or dependent child(ren) assigned to the Entity rights to a pending patent application or issued patent to an invention(s), license rights, or copyright for software? Do not include Occidental held rights.  
 No                       Yes - The application, patent or license is NOT from the College.

5. Does this proposal include the Entity as a subcontractor, consortium member, supplier of goods, lessor?  
 No             Yes - (Explain)
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6. Does or will the Entity manufacture or commercialize any drug, vaccine, device, product, procedure or process that is associated with or that will predictably result from the project?  
 No             Yes - (Explain)
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7. Is it reasonable to anticipate that the Entity could be directly and significantly affected by the design, conduct, or reporting of the activity proposed?  
 No - (Explain)    Yes - (Explain)
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8. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of the activity proposed?  
 No - (Explain)    Yes - (Explain)
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9. Additional Comments -- attach a separate sheet if needed.
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<u>Certification by individual filing disclosure</u>	
I certify that this is a complete disclosure of all financial interests related to this Entity.	
_____ Signature	_____ Date

<b>Review Action by Oversight Committee</b>	
<input type="checkbox"/>	The project is not reasonably expected to have a "direct and significant" impact on the disclosed financial interest and the financial interest is not expected to affect the design, conduct, or reporting of the project. No further review is required.
<input type="checkbox"/>	A conflict of interest may exist with this project and the financial disclosure. Further review is required.
_____ Signature (Oversight Committee Chair)	_____ Date

**Please submit disclosure form to the Associate Dean**

Retention: Three (3) years after termination of sponsored project or three years after resolution of any action by the sponsor, whichever is later.