

Morehouse College Financial Conflict of Interest Screening/Disclosure Form (Fiscal Year: _____)

Name: _____ Division: _____
 College Title: _____ Department: _____
 MHC Employee I.D. # _____ E-mail: _____
 Do you hold a faculty appointment at Morehouse College? Yes No

** This form must be completed annually and updated as necessary (as consulting and/or research activities change). Please e-mail dstevens@morehouse.edu if you have questions or visit the Office of Sponsored Programs website at <http://www.morehouse.edu:16080/administration/sponsoredprograms/appsandforms.html>, which also provides links to relevant policies and forms.*

Part I – Research Role

- Yes No 1. Do you anticipate seeking research funding from a sponsor or donor during the next twelve months?
 Yes No 2. Do you currently serve as principal investigator for a funded research project of any kind?
 Yes No 3. Do you have a role in the design, conduct, or reporting of funded research?

Part II – Financial Disclosure

- Yes No 4. Will you receive or anticipate receiving within the next twelve months personal income from a company or organization whose activities could possibly relate in any way to your research? Personal income includes: consulting; speaking or other fees; honoraria; gifts; licensing revenues (royalty income); equity interests (including stocks, stock options, warrants, partnership and other equitable ownership interests).

- (1) Identify each company or organization in which you have a personal financial interest;
 (2) Indicate your current or anticipated financial interest. Answer each item yes or no – for each item answered yes, mark the appropriate dollar amount or estimated value; and
 (3) Provide your annual number of hours providing service.

A. Company/Organization Name:		<\$10,000	>\$10,000	Ownership Interest
Serve on an Advisory Board (AB)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Serve on a Board of Directors (BOD)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Consulting (other than AB or BOD membership)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Position in the company	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Honoraria or royalties for books or publications	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Honoraria for lectures	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks (excluding, mutual funds)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <1% <input type="checkbox"/> >1%
Stock Options	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <1% <input type="checkbox"/> >1%
Partnership, warrants, or other ownership interest	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <1% <input type="checkbox"/> >1%
Royalties for inventions (licensing revenues)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking Fees or Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
In aggregate, is the total financial relationship with this company greater than \$10,000?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Hours to be spent providing service		Hours/Year		
B. Company/Organization Name:		<\$10,000	>\$10,000	Ownership Interest
Serve on an Advisory Board (AB)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Serve on a Board of Directors (BOD)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Consulting (other than AB or BOD membership)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Position in the company	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Honoraria or royalties for books or publications	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Honoraria for lectures	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks (excluding, mutual funds)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <1% <input type="checkbox"/> >1%
Stock Options	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <1% <input type="checkbox"/> >1%
Partnership, warrants, or other ownership interest	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <1% <input type="checkbox"/> >1%
Royalties for inventions (licensing revenues)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking Fees or Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	
In aggregate, is the total financial relationship with this company greater than \$10,000?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Hours to be spent providing service		Hours/Year		

- Yes No 5. Do you, your spouse, or your dependents have any type of financial ownership interests (including stocks or other equity interest) or receive remuneration or compensation in any entity related to a current or proposed research project or that does business with Morehouse College? If you answered, "yes", please describe.

An entity related to a current or proposed research project means any:

- A. supplier of equipment, materials, or services; or
- B. business commercializing a product that the research is intended to evaluate or further develop; or
- C. party whose financial interests would seem to be directly and significantly affected by the research; or
- D. sponsor of your research.

Part III – Intellectual Property

- Yes No 6. Are you the inventor, co-inventor, or creator of intellectual property that has been licensed through Morehouse College? If you answered, "yes", please describe.

- Yes No 7. Is this intellectual property the subject matter of or related to any sponsored research project with which you are involved? If you answered, "yes", please describe.

- Yes No 8. Do you receive royalties from the sponsor of any of your research projects? If you answered, "yes", please describe.

Part IV – Management Plan

- Yes No 9. Do you have a plan for management or elimination of potential conflict of interest? If so please attach a copy of the relevant documents.

Part V – Affirmation and Assessment

In submitting this form, I affirm that the above information is true and complete to the best of my knowledge; I accept responsibility for complying with the College policies on Faculty Involvement in Sponsored Research and Technology, and Conflict of Interest: and I assume responsibility for updating this disclosure as necessary. **

Signature _____ Date _____

After signing, please forward this form to the Chairperson of your department, or equivalent supervisory official (i.e. Dean for Department Chairs, Provost for Deans) so that he or she may complete the assessment.

I have reviewed the information provided and in my judgment:

- a. _____ No conflict of interest exists.
- b. _____ A conflict of interest may exist but does not appear to be significant.
- c. _____ A conflict of interest may exist and a management plan should be drafted and reviewed regularly.
- d. _____ I recommend the following action:

Signature of Department Chair, Dean, or Provost _____ Date _____

After completing Part V, please return a copy of the form to the person submitting the form.

Retain a copy of all disclosures for departmental records.

Forward all disclosures to the Office of Sponsored Programs, 127B Wheeler Hall

** The policies governing Faculty Involvement in Sponsored Research and Technology, and Conflict of Interest, along with additional information, are available on-line at <http://www.morehouse.edu:16080/administration/sponsoredprograms/appsandforms.html>.