

**DISCLOSURE OF INTERESTS  
RELATED TO SPONSORED PROJECTS**

Investigator's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Project Period: \_\_\_\_\_

Your Position on Project: \_\_\_\_\_ PI \_\_\_\_\_ Co-PI \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Please respond to the following statements.**

1. I am/my spouse/child is an officer, director, partner, trustee, employee, advisory board member, or agent of the organization funding this sponsored project or of an organization from which goods/services will be obtained under the sponsored project.  
\_\_\_\_\_ no \_\_\_\_\_ yes (If so, describe in detail the nature and extent of affiliation on an attached sheet).
2. I am/my spouse/dependent child is the owner of five percent (5%) or more of equity or ownership interest in the organization funding this sponsored project or of an organization from which goods/services will be obtained under this sponsored project.  
\_\_\_\_\_ no \_\_\_\_\_ yes (If so, describe in detail the nature and extent of equity interest on an attached sheet).
3. I/my spouse/dependent child derive (or anticipate) income exceeding \$10,000 per year (when aggregated for all deriving income) from the organization funding this sponsored project or from an organization from which goods/services will be obtained under this sponsored project **exclusive of the current request**.  
\_\_\_\_\_ no \_\_\_\_\_ yes (If so, describe income in detail on an attached sheet).
4. I am involved with transferring University developed technology through patents or licensing to the organization funding this sponsored project or to an external organization from which goods/services will be obtained under this sponsored project.  
\_\_\_\_\_ no \_\_\_\_\_ yes (If so, describe in detail on an attached sheet).
5. An extended family member of mine holds an executive position, equity or ownership interest of ten percent (10%) or more in the organization funding this sponsored project or in an organization from which goods/services will be obtained under this sponsored project.  
\_\_\_\_\_ no \_\_\_\_\_ yes (If so, describe relationship and details on an attached sheet).

**CERTIFICATION: I have read and understand the John Carroll University Policy On Conflicts Of Interest Related To Sponsored Projects. The information I have provided is a complete listing of all interests related to the sponsored project.**  
Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

**REVIEWING OFFICIAL'S ACTION:**

\_\_\_\_\_ No further review required \_\_\_\_\_ Further review required

Signature of Reviewing Official: \_\_\_\_\_ Date \_\_\_\_\_

Title of Reviewing Official: \_\_\_\_\_