

**CENTRAL STATE UNIVERSITY**  
**Financial Conflict of Interest Screening/Disclosure Form**  
**September 2012 – August 2013**

Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

University Title: \_\_\_\_\_ College: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you hold a faculty/staff appointment at CSU?  Yes  No If yes, to which location are you assigned?  Main Campus  CSU Dayton Location

***This form must be completed annually and updated as necessary. Please call ext. 6269 if you have questions.***

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**Part I - If you answer "yes" to any of these questions, continue to Parts II and III; if not, proceed to Part IV.**

- Yes  No 1. Do you anticipate making application to an external sponsor or donor for funding during the next twelve months?
- Yes  No 2. Do you currently serve as principal investigator for an externally sponsored research project of any kind?
- Yes  No 3. Do you have a role in the design, conduct, or reporting of externally sponsored research?
- Yes  No 4. Do you have significant involvement with and/or financial interest in an entity that does business with the University? (If "yes," describe briefly in Part III.)
- Yes  No 5. Do you, in a private capacity, provide training, advisory or outreach services to persons outside the university that are similar to services provided to such persons by your college? (If "yes," describe briefly in Part III.)

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**Part II - Please complete 2-1 through 2-14 if you answered "yes" to any question in Part I. Attach additional pages as necessary.**

**[Note: Royalties from textbooks do not need to be disclosed.]**

- Yes  No 2-1. Do you or a family member have an opportunity for financial gain from a company doing business in a subject area related to your Central State University employment? If yes, describe the opportunity in Part III and answer the following questions:

Name of the company: \_\_\_\_\_

Yes  No Do you have an executive and managerial directorship role in this company?

Yes  No Do you have an ownership interest, including stock and stock options, in this company?

Yes  No Do you have a sponsored program agreement or do you receive gifts or donations from this company?

2-2. Income anticipated for the next twelve months (combined for investigator and family):

Type: Salary \_\_\_\_\_ Consulting Fee \_\_\_\_\_ Honorarium \_\_\_\_\_ Dividends \_\_\_\_\_  
Value: Below \$5,000 \_\_\_\_\_ \$5,001 - \$50,000 \_\_\_\_\_ Above \$50,000 \_\_\_\_\_

2-3. Equity (stock, options, real estate, other ownership) (combines for investigator and family):

% Ownership: Below 5% \_\_\_\_\_ 5% - 24% \_\_\_\_\_ 25% - 50% \_\_\_\_\_  
Above 50% \_\_\_\_\_ Sole Owner \_\_\_\_\_  
\$ Value: Below \$5,000 \_\_\_\_\_ \$5,001 - \$100,000 \_\_\_\_\_  
Above \$100,000 \_\_\_\_\_

2-4. Does the entity hold intellectual property rights to any of your creative works:

Patent \_\_\_\_\_ Copyright \_\_\_\_\_ Trademark \_\_\_\_\_ Other \_\_\_\_\_

2-5. Is the entity a licensee of a Central State Patent? Yes \_\_\_\_\_ No \_\_\_\_\_  
Copyright? Yes \_\_\_\_\_ No \_\_\_\_\_

2-6. Will the entity do business with Central State University? Yes \_\_\_ No \_\_\_  
Or member of the project team? Yes \_\_\_ No \_\_\_

2-7. Does the entity do business with Central State University? Yes \_\_\_ No \_\_\_  
If yes, nature of business: \_\_\_\_\_  
\_\_\_\_\_

2-8. Will the entity commercialize, manufacture, or sell any process, device, drug,  
vaccine, or any product that is the subject of the project or will reasonably result from the  
project: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes  No 2-9. Do you have other non-university professional or income-producing activities  
involving Central State University students, staff, or facilities? If yes, describe the activity  
in Part III.

Yes  No 2-10. Do you have an opportunity for financial gain from an entity that does business  
with Central State University? If yes, describe the opportunity for financial gain in Part III.  
Name of the company/entity: \_\_\_\_\_

Yes  No 2-11. Do you receive sponsored program funds, donations, or consulting fees from a  
company that has licensed technology held by Central State University, or licensed or  
transferred to you by the University, and from which you do or will receive royalties?  
Explain in Part III.

Yes  No 2-12. Do you or a member of your family have a personal financial interest in an activity  
in the same subject area as your Central State University appointment and/or sponsored  
program funding? Describe the financial interest and the relationship, if any, to your  
external funding in Part III.

Yes  No 2-13. Do you or any member of your family have any other relationships, commitments,  
or activities that might, in your good faith judgment, present or appear to present a  
financial conflict of interest with your Central State University obligations? Explain in Part  
III.

**If you answered "yes" to any question(s) in Part II, please complete Part III. If not, proceed to Part IV.**

**Part III - Please describe the activities disclosed in Parts I or II. Attach additional pages or a letter if appropriate.**

If a plan for management or elimination of potential conflict of interest exists for this activity, please describe below or attach a copy of the relevant documents.

**Part IV - Affirmation**

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 University policies on Financial Conflict of Interest and paid external consulting; and I assume responsibility for updating this disclosure as necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After signing, please forward the original form to the Director of the Office of Sponsored Programs and Research so that he or she may complete Part V.

**Part V - Assessment by Director of the Office of Sponsored Programs and Research**

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.  A management plan is in place and reviewed regularly to ensure that the potential conflict of interest is eliminated, minimized, or managed.
- e.  I recommend the following action: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Director of the Office of Sponsored Programs and Research

\_\_\_\_\_  
Date