UNIVERSITY OF NORTHERN IOWA FINANCIAL DISCLOSURE FORM

NAME________________________________________ DATE____________________

DEPARTMENT__________________________________________________________

The University of Northern Iowa requires investigators on proposals to all external agencies, public and private, to disclose to the University, prior to submittal of the proposal, any significant financial interest (including those of spouse and dependent children) that would reasonably appear to be affected by the project. Please see the University of Northern Iowa's Conflict of Interest policy for the complete statement of policy.

REQUIRED DISCLOSURES
Investigators must disclose to the University of Northern Iowa all significant financial interests:

1. that would reasonably appear to be affected by the research or educational activities funded or proposed for funding,
2. in entities whose financial interest would reasonably appear to be affected by such activities.

EXEMPTED FROM DISCLOSURE
Investigators need not disclose:

1. salary, royalties, or other remuneration from the University of Northern Iowa.
2. ownership interest in a business enterprise which is an applicant under Phase I of the Small Business Innovation Research or Small Business Technology Transfer programs;
3. income from lectures or teaching engagements sponsored by public or nonprofit entities;
4. income from service on advisory committees or review panels for public or nonprofit entities;
5. equity interests in business enterprises or entities if the value of such interests is both under $10,000 and less than 5% of ownership interest, for any one enterprise or entity when aggregated for the investigator and the investigator's spouse and dependent children.
6. salary, royalties or other payments that when aggregated for the Investigator and the investigator's spouse and dependent children over the next twelve months, are not to exceed $10,000.

DISCLOSURE
Please describe in the space below the financial interest which might reasonably appear to be affected by funding of the project. Use an additional page if necessary.

Investigators are required to update these financial disclosures during the time in which the proposal is pending and during the period of an award, on an annual basis or as new reportable significant financial interests are obtained.

SIGNATURE
The above is an accurate and current statement of all my financial interests which might be directly and significantly affected by the proposed project. I have read and understand the University of Northern Iowa's Conflict of Interest Policy.

Signature_____________________________________ Date____________________
CONFLICT OF INTEREST PLAN

EXAMPLES
Conditions or restrictions that might be imposed to manage, reduce, or eliminate actual or potential conflicts of interest include, but are not limited to:

* public disclosure of significant financial interests;
* monitoring of project by independent reviewers;
* modification of the project plan;
* disqualification from participation in the portion of the funded project that would be affected by the significant financial interests;
* divestiture of significant financial interests; or
* severance of relationships that create actual or potential conflicts.

PLAN FOR HANDLING CONFLICT OF INTEREST

Please describe in the space below the plan for handling the conflict of interest.

I approve the above plan for handling the conflict of interest and will comply with any conditions and restrictions imposed by the institution to manage, reduce, or eliminate conflicts of interest.

Primary Principal Investigator/Project Director ________________________________ Date_______________

We approve the above plan for handling the conflict of interest identified by the principal investigator(s).

Department Head: _____________________________ _____________ ______  ____________

Signature                                Printed Name                     Date

Dean: _____________________________ _____________ ______  ____________

Signature                                Printed Name                     Date

Division Vice President: _____________________________ _____________ ______  ____________

Signature                                Printed Name                     Date