

**UNION COLLEGE**  
**DISCLOSURE STATEMENT REGARDING EXTERNAL AFFILIATIONS**  
**For compliance with the policy on**  
**INVESTIGATOR FINANCIAL INTERESTS AND CONFLICTS OF INTEREST**

Name \_\_\_\_\_

Department \_\_\_\_\_

Name of Funding Sponsor \_\_\_\_\_

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

1. Are you or an member of your immediate family (spouse, domestic partner or dependent children) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project, or of any external organization whose financial interests would reasonably appear to be affected by this sponsored project?  
 Yes - please attach a separate sheet describing the nature and extent of the affiliation  
 No
  
2. Are you or any member of your immediate family (together or separately) the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of:
  - a. The external organization funding this sponsored project;
  - b. Any external organization from which goods and services will be obtained under this sponsored project; or
  - c. Any external organization whose financial interests would reasonably appear to be affected by the sponsored project?  
 Yes - please attach a separate sheet describing the nature and extent of the interest  
 No
  
3. Have you or any member of your immediate family (together or separately) derived income within the past year, or do you or any member of your immediate family (together or separately) anticipate deriving income exceeding \$10,000 per year from:
  - a. The external organization funding this sponsored project;
  - b. Any external organization from which goods and services will be obtained under this sponsored project; or
  - c. Any external organization whose financial interests would reasonably appear to be affected by the sponsored project?  
 Yes - please attach a separate sheet describing the amount of income and the reason for which it was or will be derived  
 No

**CERTIFICATION BY INVESTIGATOR**

- A. I have read and understand the Union College Policy on Investigator Financial Conflicts of Interest
- B. To the best of my knowledge, I have made all required financial disclosures
- C. I agree to comply with any conditions or restrictions imposed by Union College for the purpose of managing or eliminating any actual or potential conflicts of interest related to this grant. If I am unable to comply, I understand the College may decline the grant award.

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION BY THE OFFICE OF FOUNDATION, CORPORATE & GOVERNMENT RELATIONS**

- No financial conflict of interest appears to exist  
 A financial conflict of interest may exist (this disclosure will be forwarded to the Office of Academic Affairs for review by the Dean of Faculty)

Signature of Administrator from the Office of FCGR \_\_\_\_\_

Printed Name of Signing Administrator \_\_\_\_\_ Date \_\_\_\_\_