



Each member of the faculty or staff pursuing instruction, research, or services support from outside entities must disclose all financial or other possible conflict of interest that would reasonably appear to be directly or significantly affected by the instructional, research or service activities being pursued. Note that disclosure may be warranted if a spouse, child or other close family member has a financial or ownership interest in the service, research opportunity, etc. that you are pursuing. These disclosures must be updated throughout the year as new financial or other possible conflict of interest is obtained, as well as annually. The purpose of the disclosure is to enable the University to determine if outside interests and activities create a possible conflict, and disclosure is required by the Fort Valley State University's Conflict of Interest Policy.

Section 1. Employee Information:

Date: _____ Employee Name: _____ Department: _____ Signature: _____

Section 2. Disclosure Type:

Annual Disclosure Update annual conflict of interest In connection with my involvement as investigator in a proposal entitled: _____

I have no financial or other conflict of interest that I am required to report. (Go to Section 5.)

Section 3. Financial Disclosure

Anything of monetary value, including, but not limited to, salary, or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include: salary, royalties, or other remunerations from FVSU, income from seminars, lectures, teaching engagements sponsored by public or nonprofit entities; income from service on advisory committees or review panels for public or nonprofit entities; or financial interests in business enterprises or entities if the value of such interest is less than \$10,000 or represents less than a 5% ownership interest for any one enterprise or entity when aggregated for the member and the member's spouse and dependent children.

Part A. Nature of business connections:

Please provide a list of all external entities, to include business name, nature or related business and whether publicly traded) with which you have a *Financial Interest* which could be influenced by, or influence, your responsibilities at the University.

Business Name	Nature or Related Business	Publicly Traded (Yes/No)	Individual who has financial connection with Related Business
		-	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other-
		-	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other

Financial Connection	#Days/Hours Related to Connection
<input type="checkbox"/> Equity Interest	__ Days __ Hours
<input type="checkbox"/> Consulting or employment	Days Hours
<input type="checkbox"/> Recipient of loan or gift	Days Hours
<input type="checkbox"/> Recipient of honoraria for papers/lectures	__ Days __ Hours
<input type="checkbox"/> Recipient of royalty revenue	Days Hours

Section 4: Other Conflict of Interest

A conflict of interest exists when an employee's interests or commitments conflict with or compromise the regular and punctual discharge of his or her official duties and affects or provides an incentive to affect the employee's conduct of his or her employment responsibilities.

No other Conflict of Interest

Yes, Please explain any other situations which may create a perceived or real conflict of interest between your responsibilities at the University and the External Activities. _____

Section 5: Acknowledgment:

I certify that I have read, understand and will comply with the FVSU Conflict of Interest Policy. The above information is true to the best of my knowledge. I will update this disclosure immediately if the circumstances above change during the period of the award, either on an annual basis, or as new reportable financial interests or other conflict of interest are obtained. In any event, and at a minimum, I will update this disclosure annually.

Employee Name: _____ Date: _____ Save and email form to contracts@fvsu.edu.

This section is to be completed by Director of Contracts and Compliance

I have reviewed this disclosure and: Determined to the best of my knowledge that there is not conflict of interest: or That an apparent conflict of interest has been managed, reduced or eliminated by the action taken in the attached document.