

**Randolph College
Financial Disclosure Form**

All Investigators are required to either disclaim or disclose to the Vice President for Academic Affairs (VPAA) all Significant Financial Interests (SFI) of the Investigator and/or the Investigator's spouse, partner, and dependent children. Investigators are personnel responsible for the design, conduct, or reporting of research under the terms of a federal grant or contract.

Investigator Name:

Project Name:

Source of Funds:

Status: Current Pending

Role in Project: Principal Investigator (PI) Co-PI Senior/Key Personnel Consultant
 Unpaid Collaborator Other Investigator

In making the following certification and representations, please remember that all the following must be *included* as Significant Financial Interests (i.e. a financial interest that reasonably appears to be related to the Investigator's institutional responsibilities, including all research, teaching and/or service to Randolph College):

- All financial interests pertaining to you personally;
- All pertaining to your spouse or registered domestic partner;
- All pertaining to a dependent child.

The following types of financial interests are *excluded* and should not be reported on this form as Significant Financial Interests:

- Salary, royalties, or other remuneration from Randolph College;
- Income from investment vehicles such as mutual funds or retirement accounts, as long as you do not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by, or service on advisory committees or review panels for, or travel sponsored or reimbursed by any or all of the following (U.S.-based entities only): Federal, State or local government agencies; Institutions of higher education; Academic teaching hospitals; Medical centers; Research institutes affiliated with institutions of higher education.

Check one of the following two (2) statements:

1. *I hereby certify that I have read the Randolph College Financial Disclosure Policy and the Randolph College Research Misconduct Policy, which are effective for all federal proposals submitted through Randolph College. I certify to the best of my knowledge that neither I nor my spouse, partner, or dependents hold any Significant Financial Interests that would reasonably appear to be related to my research, teaching, and service responsibilities to Randolph College as they relate to this grant.*

Investigators who disclaim Significant Financial Interests by checking box one (1) only need to complete through page two (2) of this form.

2. I hereby certify that I have read the Randolph College Financial Disclosure Policy and the Randolph College Research Misconduct Policy, which are effective for all federal proposals submitted through Randolph College. I have the following relationships, affiliations, activities, or interests which constitute Significant Financial Interests under the Randolph College Financial Disclosure Policy (see following pages):

Investigators who disclose Significant Financial Interests by checking box two (2) need to complete the entire form.

Financial Conflict of Interest Training:

All Investigators are required to complete the Collaborative Institutional Training Initiative (CITI) Program Conflict of Interest training. This must be updated once every four (4) years or as described in the Randolph College Financial Disclosure Policy.

I have completed the CITI Program Conflict of Interest training and have current certification. Date completed: _____

Investigator Signature

Date

Vice President for Academic Affairs Signature

Date

For VPAA use only:

Financial Conflict of Interest Determination:

- No further review required
- No management required
- Full management required

VPAA Notes:

Complete the following sections only if you checked #2 on page 2.

Publicly Traded Entities

Instructions: Copy as many times as needed for all publicly-traded entities. Do not include any company for which the subtotal of all financial interests is less than \$5,000.

Company Name and Stock Market Abbreviation	Interests Pertaining to (check all that apply): <input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child	Type of Interest	Value of Interest		
		<input type="checkbox"/> Equity	# Shares	Current Market Value	Total Value
		<input type="checkbox"/> Compensation (total over last 12 calendar months)	Total Value		
			Description of Relationship:		
Subtotal (Total Equity Value + Compensation over last 12 months)					

Non-Publicly Traded Entities (Equity Interests)

Instructions: List all non-publicly traded entities in which you, your spouse/partner and/or your dependent child hold an equity interest, regardless of dollar value. Add rows if needed. Estimated \$ value and % ownership columns are optional, but Randolph College reserves the right to request this information during the Financial Conflict of Interest determination process if these are left blank.

Entity Name	Interests Pertaining to (check all that apply): <input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child	Entity Business Type	Estimated \$ Value	% Ownership
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			

Investigator Initials: _____ **Date:** _____

Non-Publicly Traded Entities (Compensation)

Instructions: List all non-publicly traded entities from which you, your spouse/partner and/or dependent child have received compensation of \$5,000 or more in the last twelve (12) calendar months. All columns must be completed in full. Add rows if necessary.

Entity Name	Interests Pertaining to (check all that apply):	Position or Relationship	Entity Business Type	Total Compensation in \$
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			

Compensation for Intellectual Property Rights

Instructions: This does not include any payment from Randolph College for intellectual property assigned to Randolph College in conformance with its Intellectual Property Policy. List all entities other than Randolph College from which you, your spouse/partner, and/or your dependent child have received payment for intellectual property rights (e.g. royalties, licensing fees, etc.) in the last twelve (12) calendar months. Add rows if necessary.

Entity Name	Interests Pertaining to (check all that apply):	Description of Intellectual Property	Total Compensation in \$
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child		
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child		

Investigator Initials: _____

Date: _____

Sponsored or Reimbursed Travel

Instructions: List any instance of travel from the last twelve (12) calendar months which was either sponsored or reimbursed by an entity other than those types of entities excluded on page 1. Include any instance where reimbursement was made by Randolph College from a fund account sponsored by a non-excluded entity. Add rows if needed. Estimated cost column is optional, but Randolph College reserves the right to request this information from you or the sponsor during the Financial Conflict of Interest determination process if this space is left blank.

Traveler (check all that apply)	Destination	Dates of Travel	Purpose of Travel	Sponsor Name or Reimbursement Source	Estimated costs in \$
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
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<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					

Investigator Initials: _____ **Date:** _____