



Conflict of Financial Interest and Commitment Disclosure Statement

For Official Use Only
Date Received:
Disclosure Number:

Please complete all information and attach materials as requested, then deliver to the Director, Office of Sponsored Programs, WPUNJ, Raubinger Hall Rm 107, 300 Pompton Rd. Wayne, NJ 07470.

Name:
Title:
Department/College:
Email: Phone:

Proposal/Project Title:
Initial Disclosure Annual Update Other Update

A. Proposed Grant Funding Source

- William Paterson University
ART CfR RTI CTE Other:
State of Federal Agency, Corporation, Business, Foundation or Other
Name of Agency or Entity:
Name of Funding Program:
No internal or external grant funding sources are involved.

B. Type of Support

- Grant Contract Other:
New Renewal Other:

C. Financial Conflict of Interest

- 1. Do you personally receive salary or other payments, hold stock or intellectual property interests that exceed \$10,000 in aggregate value or more than a 1% ownership interest in the proposed funder? (This does not apply if WPUNJ is the funder.) Yes No NA
2. Do you personally receive salary or other payments, hold stock or intellectual property interests that exceed \$10,000 in aggregate value or more than a 1% ownership interest in an agency or entity associated with the proposed project? Yes No
3. Does a member of your immediate family receive salary or other payments, hold stock or intellectual property interests that exceed \$10,000 in aggregate value or more than a 1% ownership interest in the proposed funder? (This does not apply if WPUNJ is the funder.) Yes No NA
4. Does a member of your immediate family receive salary or other payments, hold stocks or intellectual property interests that exceed \$10,000 in aggregate value or more than a 1% ownership interest in an agency or entity associated with the proposed project? Yes No NA

D. Conflict of Commitment

- 1. Do you personally have a commitment to an activity or professional relationship that involves a perceptible reduction in the time or energy you normally devote to WPUNJ, or use WPUNJ facilities or resources for more than incidental support of non-profit or community organizations? Yes No
2. Are any of these commitments related to this project? Yes No

E. Disclosure

If you answered yes to any of these questions, please attach a written description and supporting documentation that fully describes your potential conflict of interest, the agencies or entities that are involved, the nature of your relationship, and the approximate value or amount of salary or other payments you receive.

F. Certification and Signature

I certify that the information contained in and attached to this form is true and accurate to the best of my knowledge and complies fully with the WPUNJ *Conflict of Interest and Commitment Policy*. Furthermore:

- I understand that if a Conflict of Interest or Commitment is identified, that I will be involved in the development and implementation of a management plan, but that the final authority to define and approve the management plan rests with William Paterson University.
- I understand that if a conflict is identified and a management plan is approved, I must fully comply with the terms and conditions of the plan.
- I understand that I must submit an updated disclosure form by the anniversary date of the acceptance of this Disclosure Statement, when a significant change in the status of this Disclosure occurs, or at other times as determined by the Provost.
- I understand that failure to fully disclose conflicts and to provide updated information in a timely manner will result in disciplinary action by WPUNJ.

Signed

Date

G. Primary Review (OSP)

- I have determined that there is not a significant conflict of interest or commitment.
- I have determined that there is a significant conflict of interest or commitment. I have attached the reasons for this decision and my recommendations for the management plan.

Signature _____
 Name _____
 Title: _____
 Date: _____

H. Secondary Review (Provost)

- I have determined that there is not a significant conflict of interest or commitment.
- I agree that there is a significant conflict of interest or commitment, and have forwarded the Disclosure Statement and related materials to the Conflict of Interest Committee for review.

Signature _____
 Name _____
 Title: _____
 Date: _____

I. Conflict of Interest Committee

- The Committee has developed a Management Plan for the Provost's final review.

Signature _____
 Name _____

Date: _____
 Title: _____

J. Final Review (Provost)

- I have received and accepted the Disclosure Statement and Management Plan from the Conflict of Interest Committee.
- I have received but have not accepted the Disclosure Statement and Management Plan from the Conflict of Interest Committee.

Signature _____
 Name _____
 Title: _____
 Date: _____

K. Applicant Acceptance

- I accept the Management Plan and agree to abide by its terms, conditions and requirements.
- I do not accept the Management Plan and will discontinue the activities that are in conflict with my role as a WPUNJ employee.

Signature _____
 Name _____
 Title: _____
 Date: _____