

**Form A – Part 1**

**Confidential**  
**Eastern Illinois University**  
**NSF Financial Conflict of Interest (FCOI) Disclosure Form\***

1. Investigator Name: \_\_\_\_\_

Status:  Faculty       Student       Staff       Other—specify: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department or Unit \_\_\_\_\_

2. NSF Project Title: \_\_\_\_\_

3. Check one box to indicate the type of disclosure you are making:

Initial       Annual       New Financial Interest       Retrospective

4. Disclosure of Financial Interests

A. In making this disclosure, do not include any of the following items:

1. Salary, royalties or other remuneration paid by EIU to the investigator
2. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities.
3. Income from service on advisory committees or review panels for public or nonprofit entities.
4. Equity interest that, when aggregated for the investigator and the investigator's spouse and dependent children, meets both of the following tests:
  - Does not exceed \$10,000 in value as determined by reference to public prices or other reasonable measures of fair market value at the time this form is submitted.
  - Does not represent more than 5% ownership interest in any single entity.
5. Salary, royalties, or other payments that, when aggregated for the investigator and the investigator's spouse and dependent children are not expected to exceed \$10,000 during the twelve month period which begins on the date written in the response to Part 5.

B. Check all of the following that are expected to be true of you, your spouse, and/or any dependent children at any time during the 12 month period which begins on the date written in the response to Part 5.

- Salary or other payments for services (e.g., consulting fees or honoraria)
- Equity interest (e.g., stocks, stock options, or other equity interests)
- Intellectual property rights (e.g., patents and copyrights, and royalties from such rights)
- Anything else of monetary value that is not excluded in Part A

C.  No Financial Interest

Check if none of the types of Financial Interest listed in Part B are anticipated to be true of you, your spouse, and/or any dependent children during the 12 month period which begins on the date written in the response to Part 5.

5. Investigator Assurance

I agree to abide by Eastern’s Financial Conflict of Interest Policy. In submitting this form and any other required documents I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by Eastern Illinois University and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What should I do next?

If you checked only box 4. C., no further disclosure is required. Please mail this form in an envelope marked “Confidential” to the director of the Office of Research and Sponsored Programs.

If you checked any box in 4. B., then complete a separate Form A – Part 2 for each financial interest covered by the criteria in 4. B. Please mail both Form A – Part 1 and all copies of Form A – Part 2 in an envelope marked “Confidential” to the director of the Office of Research and Sponsored Programs.

What response can I expect?

If you checked only box 4. C., no response will be sent to you.

If you checked any box in 4. B., The director of the Office of Research and Sponsored Programs will review your information. The Dean of the Graduate School will review your information and, if necessary, contact you for discussion. If any of your financial interests meet the criteria for a Financial Conflict of Interest (FCOI), the Dean of the Graduate School will help you develop a management plan. You will receive written communication of all conclusions that result from review of your information.

\*This form collects information which Eastern Illinois University must collect and analyze in order to qualify for funding from the National Science Foundation (NSF). This form includes some language taken directly from a form created by the University of Oregon.

**Reviewed by ORSP:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: