

## Disclosure of Significant Financial Interests and Obligations Section II

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\*\*\*Complete this form only if you answered "YES" to any questions in Section I\*\*\*

Investigator's Name: \_\_\_\_\_

1. Name of organization that you have (or your family has) a Significant Financial Interest: \_\_\_\_\_
  
2. Type of Significant Financial Interest with the organization/individual (check all that apply):  

|   |  |
|---|--|
| <input type="checkbox"/> Consultant             | <input type="checkbox"/> Employee                |
| <input type="checkbox"/> Equity Interest        | <input type="checkbox"/> Recipient of Honoraria  |
| <input type="checkbox"/> Recipient of Royalties | <input type="checkbox"/> Other (Describe): _____ |
  
3. The Significant Financial Interest is between the organization and (check all that apply):  

|  |
|--|
| <input type="checkbox"/> Self          |
| <input type="checkbox"/> Family Member |
  
4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that when aggregated with payments from this organization to your spouse, domestic partner, and/or dependent child(ren) will exceed \$5,000?  

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
  
5. Have you or your family member had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization which, when aggregated have a fair market value exceeding \$5,000 or have or will have an ownership interest of 5% or more in the organization?  

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
  
6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research or proposed sponsored activity?

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

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

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

**\*\*\*Please forward the completed form to your assigned Pre-Award Research Administrator (PRA). Do not upload this form in Cayuse.**