NameCollege	
Pro	ject Role PD/PI Senior/Key Personnel Consultant Other
Pro	Dject lead PD/PI Project Period
Titl	e/Funding Agency
1.	Do you or any member of your immediate family (spouse or civil union partner, parents, siblings, and dependent children) have any Significant Financial Interests (SFI) in a Publicly-Traded Entity that might reasonably appear to be related to your Institutional Responsibilities? (As described in the Financial Conflict of Interest Policy for Research) No Yes Attach a separate sheet with the entity's name, nature of the interest, value, and any documentation.
2.	Do you or any member of your immediate family (spouse or civil union partner, parents, siblings, and dependent children) have any Significant Financial Interests (SFI) in a Privately-Held Entity that might appear to be related to your Institutional Responsibilities? (As described in the Financial Conflict of Interest Policy for Research) No Yes Attach a separate sheet with the entity's name, nature of the interest, value, and any documentation.
3.	Have you or any member of your immediate family (spouse or civil union partner, parents, siblings, and any dependent children) received any income related to intellectual property rights and interests that might reasonably appear to be related to your Institutional Responsibilities? (Do not include any intellectual property assigned to Chicago State University.) No Yes Attach a separate sheet with the entity's name, nature of the interest, value, and any documentation.
4.	In the past 12 months, have you undertaken any travel related to your Institutional Responsibilities that was either reimbursed of paid for by any individual or entity other than a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education? No Yes Attach a separate sheet with the entity's name, nature of the interest, value, and any documentation.
CE	RTIFICATION
	I have read and understand the Chicago State University Sponsored Research Financial Conflict of Interest Policy. To the best of my knowledge, I have made all required financial disclosures.

B. To the best of my knowledge, I have made all required financial disclosures.C. I agree to comply with any conditions or restrictions imposed by Chicago State University to manage, reduce, or eliminate actual or potential conflicts of interest in connection with this grant. If I am unable to comply, I understand that the University may decline or revoke the grant award.

D. I will report to the Institutional Official if I become aware of any undisclosed Significant Financial Interest in this or another University grant.

Signature _____

_____Date

CERTIFICATION BY the Associate Provost of Grants and Research Administration

_____ No financial conflict of interest appears to exist.

A financial conflict of interest may exist and will be reviewed in accordance to CSU's Financial Conflict of Interest Policy

Name and Signature of the Associate Provost of Grants and Research Administraton

Date