

**LSU AGRICULTURAL CENTER SIGNIFICANT FINANCIAL INTERESTS DISCLOSURE FORM**

Faculty/Staff Name \_\_\_\_\_ Dept/Unit \_\_\_\_\_

Sponsoring Agency \_\_\_\_\_

Proposal Title \_\_\_\_\_

I am disclosing all Significant Financial Interests that might appear to pose a potential conflict of interest to the above project. I enclose supporting documentation that fully describes the interests, their value, the nature of the potential conflict, the business entities concerned, and a copy of the proposal, in an envelope marked "CONFIDENTIAL: FINANCIAL DISCLOSURE" and identified with my name and the project name. (Note: EXCLUSIONS to the disclosure requirement on page 2.)

Check all of the following that apply: *To declare absence of any Significant Financial Interest, check here* \_\_\_\_\_

\_\_\_\_\_ Salary or other payment for services (e.g., consulting fees or honoraria).

\_\_\_\_\_ Equity interests (e.g., stocks, stock options, other ownership interests).

\_\_\_\_\_ Intellectual property rights (e.g., patents, copyrights and royalties from such rights).

\_\_\_\_\_ PM-11 disclosure or PM-67 agreement in any way related to the project scope or to the sponsor (enclose cc).

\_\_\_\_\_ Other significant financial interests of the investigator or his/her family that could affect or be perceived to affect the results of the research or educational activities proposed for funding.

\_\_\_\_\_ I disclosed interests relevant to the present proposal on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\*  
(I enclose all changes in status and all relevant information specific to the current proposal.)

Further, I agree:

\* To update this disclosure during the period of this award, as new reportable interests are obtained.

\* To cooperate in the development of a Memorandum of Understanding that constitutes a "Conflict of Interest Resolution Plan."

\* To comply with the conditions of the plan to manage, reduce, or eliminate actual or potential conflicts of interest. If an agreement cannot be reached, I understand that the University may disclose the conflict of interest to the sponsor, or at its option, decline the award.

***I certify I have disclosed all aspects of any financial interest which could reasonably be expected to influence the University's decisions.***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Original signature only; per signature not acceptable.)

Initial Screening Action; I have reviewed this Disclosure:

- a) \_\_\_\_\_ I do not consider a Conflict of Interest exists.
- b) \_\_\_\_\_ A Conflict of Interest appears to exist.

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