

Financial Conflict of Interest (FCIO) Disclosure Form

Employee Name:	Disclosure Type (check one)
Position/Title:	New Investigator*
Department:	Annual Disclosure
	Change/Update
	*At time of proposal; or new to Kenyon research
Kenyon College's FCOI Policy can be found here: https://www.kenyon.ed Free training is available from NIH at the following link: https://grants.nih.g	
<u> </u>	date the form. If you have significant financial interests to disclose, completed form to the Office for Sponsored Faculty Projects.
Neither I nor any member of my imme	ediate family (spouse or partner and dependent children) have
signifcant financial interests that, individually or combined affect my current or proposed project(s) or my institutional	d would reasonably appear to be related to, affected by, or all responsibilities.
A significant financial interest is:	
• Remuneration or equity interest, or a combination thereof in either	er a publicly or non-publicly traded entity that exceeds \$5,000 per year.
 Salary or other payments for services (including consulting fees ar 	nd honoraria) paid by an individual or entity that exceeds \$5,000 per year.
 Income related to intellectual property rights (e.g. patents, copyrights) 	ghts and royalties from such rights).
 Travel in the past 12 months related to your institutional responsi 	bilities that was either reimbursed or paid for by an individual or entity other
than a Federal, state or local government agency, an Institution o	f Higher education as defined by 20 U.S.C. 1001(a), an academic teaching
hospital, medical center, or a research institute that is affiliated w	vith an Institution of higher education. (Does not include travel paid for or
reimbursed by Kenyon College or through grants managed by Ken	yon College.)
 Any other item of monetary value that could be perceived as equiv 	valent to significant financial interest and a potential conflict of interest.
	nt financial interests that appear to be related to my current
or proposed project(s) or institutional responsibilities:	
	tion (in an envelope marked CONFIDENTIAL) that identifies the
business or entity involved and the nature and amount of	
	nsulting fees or honoraria) that when aggregated exceed \$5,000.
Equity inerests (e.g. stocks, stock options, or c	
Intellectual property rights (e.g. patents, copy	
	est as described above. (If reporting travel, include: purpose of trip,
identity of sponsor/organizer, destination, and	
	I reasonably appear to affect or be affected by the results of the research or
educational activities funded or proposed for	funding.
My signature below means that I agree to:	
 Update this disclosure annually AND whenever I acquire 	new financial interest(s) that must be reported.
 Cooperate in developing a plan to manage, reduce or example. 	eliminate any financial conflicts of interest.
 Comply with any conditions or restrictions imposed by Ke 	
perceived financial conflicts of interest. I understand that	t failure to comply could result in forfeiting the award.
Signature:	Date:
OFFICE USE ONLY	
Review/Approval: I have reviewed the significant financial in	nterest disclosure and determined the following:
No financial conflict of interest appears to exist.	
• •	e proposal may be submitted, but if the grant is awarded,
research may not begin until an approved management	
	research may go forward until an approved management plan is
in place and the sponsor has been notified.	
Reviewed/Approved by:	Date:
(Institutional Official or designee)	Date.