



**IRB Approved Conflict of Interest and Financial Disclosure Form
Monroe County Community College**

To identify any potential financial or other conflicts of interest regarding the proposed research, any investigator to be involved in the research is to complete, sign, and return this form to the Office of Institutional Research at the Monroe County Community College. Research application submitted for Institutional Review Board approval will not be considered without the completion and submission of this form by each investigator. Each investigator must complete and return this form even if the research is unfunded (see the asterisk in the chart below). Please contact the Coordinator of Institutional Research, Assessment and Evaluation, Quri Wygonik, at qwygonik@monroeccc.edu or (734) 384-4723 with questions or further information.

Name	
Title	
Department	
Project Title	
Funding Agency*	
Role in the Project	
Project Dates (start-end)	

*Record "Unfunded" if the research is not funded by an agency or other source.

I have read the "Policy for Financial Disclosure to Avoid Conflict of Interest in Federally Funded Programs" and (check one):

_____ A. **Do not have any Significant Financial Interests** to report for myself, my spouse, or my dependent children which would reasonably appear to be affected by the project.

_____ B. **Do have Significant Financial Interest** to report for myself, my spouse, or my dependent children which would reasonably appear to be affected by the project.

If you checked A, simply sign the form and return.

If you checked B, check all that apply, attach requested documentation, sign the form, and return.

_____ 1) Salary or other payments for services (e.g., consulting fees or honoraria) anticipated over the next 12 months when aggregated for the Investigator and the Investigator's spouse and dependent children exceed \$10,000.

Attach information including:

- a) A description of the services to be performed.
- b) Name of the organization for which services will be performed.
- c) Date of service.
- d) Amount of payment expected.

_____ 2) Equity interests (e.g., stocks, stock options or other ownership interests) that when aggregated for the Investigator and the Investigator's spouse and dependent children exceed \$10,000 in value or represent more than a 5% ownership interest in any single entity.

Attach information including:

- a) A description of the type of equity interest.
- b) Name of the entity in which equity interest is held.
- c) Amount of the equity interest or percentage of ownership interest.

_____ 3) Intellectual property rights (e.g., patents, copyrights and royalties).

Attach information including:

- a) A description of the property rights.
- b) Amount of any payment received.

_____ 4) Participation (as an officer, director, partner, trustee, employee, advisory board member, or agent) in an entity funding or providing goods and services to a project.

Attach information including:

- a) A description of the type of participation.
- b) Name of the entity.

_____ 5) Other Significant Financial Interests

Attach information including:

- a) A description of the interests.
- b) Names of organizations or entities involved.
- c) Amount of payment received or value of the interest.

I have answered fully and to the best of my ability and will update promptly if my circumstances change. This is page _____ of total of _____ pages that I am enclosing.

Signature _____ Date _____

Please return to MCCC Office of Institutional Research