**University of Southern Indiana**

### USI Investigator - Significant Financial Interest Determination Form

Name:

Department:

Email:

Phone:

Please answer the questions below by checking yes or no in the box to the right. **If you answer “Yes” for *any* question, please complete a USI Significant Financial Interest Disclosure Form *for each external interest*.** If you answer “No” to all questions, please sign below and submit the form to the USI Office of Sponsored Projects and Research Administration.

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| --- | --- | --- |
| **Please check YES or NO for each of the following:** | **Yes** | **No** |
| During the **past twelve months**, did you, your spouse, registered domestic partner, or your dependent children receive **aggregated** compensation – monetary or otherwise (e.g. consulting fees, honoraria, speaking fees, stipends, dividends, ownership interest, equity interest, stock, stock options and gifts)—exceeding $10,000 *($5,000 if you are applying for a grant from the Department of Health and Human Services*) in value from an external (non-USI) entity operating in areas **relating to your USI responsibilities?** |  |  |
|  |
| Did you, your spouse, registered domestic partner, or your dependent children hold at some point during the **past twelve months**, an ownership interest in an external entity operating in areas **relating to your USI responsibilities** and which, when aggregated together for all of you, represent either (i) an equity interest that exceeds $10,000 in *value ($5,000 if you are applying for a grant from the Department of Health and Human Services)*  or 5% ownership of a **public entity** OR (ii) any ownership of a **non-public entity?** |  |  |
|  |
| During the **past twelve months or in the next twelve months**, did you participate in/do you plan to participate in any travel that was reimbursed or sponsored by an external (non-USI) entity operating in areas **relating to your USI responsibilities?** Do not report travel reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. |  |  |
|  |
| During the **past twelve months**, did you, your spouse, registered domestic partner, or your dependent children receive income related to any interests or rights in intellectual property **related to your USI responsibilities**? |  |  |

*I hereby affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge and that I will update promptly if my circumstances change.*

 **Signature Date:**