



Hawai'i Pacific University- Office of Sponsored Projects
OSP-5 FINANCIAL CONFLICT OF INTEREST DISCLOSURE FORM

Disclosure for Grant Award? yes <input type="checkbox"/> no <input type="checkbox"/> <i>if yes, list OSP Grant Fund for this disclosure: _____</i>	
Disclosure for Grant Proposal? yes <input type="checkbox"/> no <input type="checkbox"/>	
Title: _____	Funding Agency: _____

Employee: _____ College or Dept: _____

Position Title: _____ HPU Phone number: _____

Status: Full-time Part-time Filing: New Annual

Currently engaged in externally sponsored activities at HPU? yes no *if yes, list all OSP Grant Fund(s): _____*

Section 1 – Introduction and Definitions

Purpose: This form allows routine/annual disclosure of financial interests that may influence or appear to influence employees' performance of HPU business, including the design, conduct, and reporting of research.

In compliance with Federal law and regulation and HPU policies, disclosure of all relevant personal and financial interests is required of all full-time faculty and staff and all other members of the HPU community who are responsible for the design, conduct, or reporting of research or educational activities. The interests which must be disclosed include those of the individual, his/her spouse or significant other, and dependent children.

Financial interest shall mean any direct or indirect interest with monetary value, including but not limited to:

- a. salary, other payments for services (e.g., consulting fees or honoraria), royalties or other payments;
- b. equity interests (e.g., stocks, stock options or other ownership interests);
- c. intellectual property rights (e.g., patents, copyrights and royalties from such rights).

The term "financial interest" does not include:

- a. salary, royalties, or other remuneration from HPU;
- b. income from seminars, lectures, or teaching engagements sponsored by U.S. Federal, state, or local entities;
- c. income from service on advisory committees or review panels for public or nonprofit entities.

Section 2 –Declaration

I have no financial interests as defined above that will influence or appear to influence HPU business including the design, conduct, or reporting of sponsored research/projects for which I have responsibility. (If reporting no financial interests, complete and submit the **first page** of this form to the HPU Office of Sponsored Projects.)

I have financial interest(s) as defined above. (If checked here, complete and submit **entire** Conflict of Interest Disclosure Form to the HPU Office of Sponsored Projects.)

Signature

Date



Hawai'i Pacific University- Office of Sponsored Projects
OSP-5 FINANCIAL CONFLICT OF INTEREST DISCLOSURE FORM

A. IDENTIFICATION OF POSSIBLE CONFLICT OF INTEREST

In the space below, please describe the relevant activities that may be affected by the financial or ownership interest that you, your spouse, your significant other, or your dependent children may have.

Complete the remainder of this section with this possible conflict of interest in mind.

Please insert additional pages as necessary to complete this section.

B. OWNERSHIP INTERESTS

List any corporation, partnership, proprietorship, trust, joint venture, and every other business interest, including land used for income, in which you, your spouse, your significant other, or your dependent children own or have owned that constitute a legal or equitable interest which **actually or potentially influences or conflicts with any of your sponsored research/projects** at HPU. Ownership of intellectual property, e.g., patents, royalties, and copyrights, is also included and must be disclosed. If you, your spouse, your significant other, or your dependent children own more than five percent of the total ownership interests of a business, you must disclose the percentage held.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here:

Business Name	Type of Business	Description of Interest	Held by: (Name)	% interest held

C. RECEIPT OF COMPENSATION

List all places of employment and other business (excluding HPU) from which you, your spouse, your significant other, or your dependent children expect to receive compensation as to which an independent observer could conclude could **actually or potentially influence or conflict with any of your sponsored research/project activities** at HPU.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here:

Business Name	Type of Business	Recipient of Compensation (Name)

D. OFFICER OR DIRECTOR OF ORGANIZATION OR BUSINESS

List any organization or business in which you, your spouse, your significant other, or your dependent children hold the position of officer, director, partner, or proprietor for which compensation is received which **affects, may affect, or will be affected by any of your sponsored research/project activities** at HPU.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here:

Business Name	Address	Position held	Position held by: (Name)

E. RECEIPT OF FEES AND COMMISSIONS

List each client or customer from whom you, your spouse, your significant other, or your dependent children receive a fee or commission which could constitute an **actual or potential conflict of interest with any of your sponsored research/project activities** at HPU. In the case of a partnership, it is the share of the fee or commission that is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report in this section, but in Section C, above.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here:

Business Name	Address	Position held	Position held by: (Name)

Section 2 –Declaration

I, _____, hereby declare that this statement of financial interests (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interest required to be disclosed by law, regulation, or policy. I have read and agree to comply with Hawai'i Pacific University policies on Conflicts of Interest and Research Conflict of Interest implementing the same as applicable. I have complied with Federal conflict of interest policies and regulations. Also, I understand that HPU's policy states that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported when it becomes known to me.

Signature

Date

Submit this form to HPU leadership below.

VERIFICATION: I have reviewed the potential or actual conflict (s) of interest declared by the above named individual.

CHECK, AS APPROPRIATE: There is no conflict ____. There is an actual ____/potential ____ conflict of interest, and a copy of the Disclosure Form will be/has been sent to an Ad Hoc Conflict Review Committee for resolution.

SVP/Provost

Date

Assistant Vice President, Human Resources

Date