Annual Disclosure of Significant Financial Interests
for Non-University of Georgia Investigators

(Name) (Please print) ____________________________

Title: ____________________________

Telephone Number: ____________________________ E-Mail: ____________________________

Employer: ____________________________

Employer’s Address: ____________________________

UGA Principal Investigator: ____________________________

The University of Georgia (UGA) requires that this form be filled out by any non-UGA Investigator (defined as the project director or principal investigator or any other person, regardless of title or position, who is responsible for any portion of the design, conduct, or reporting of research or activities on funded projects) who meets one or the other of the following criterion:

The Investigator will participate in a proposal to be submitted by UGA to any Public Health Service (PHS) unit of the U.S. Department of Health and Human Services (DHHS) or to a sponsor that has adopted the PHS financial conflict of interest regulations, and the investigator’s employer does not have a conflict of interest policy that complies with the PHS regulations effective August 24, 2012.

The Investigator will participate in a proposal to be submitted by UGA to National Science Foundation (NSF), and the investigator’s employer does not have a conflict of interest policy that complies with NSF Conflict of Interests Policy effective July 2005.

The Investigator will participate in a proposal to be submitted by UGA to the U.S. Department of Energy (DOE), and the investigator’s employer does not have a conflict of interest policy that complies with DOE Interim Conflict of Interests Policy effective December 20, 2021.

The questions pertain to financial activities/interests spanning the past 12 months. If you (or your spouse or dependent children) add new financial activities/interests at any point during the next 12 months, you are required to file an updated disclosure within 30 days of adding them.

Is this an update to a Disclosure that is already current? ☐Yes ☐No

I. Personal Compensation

In the past 12 months did you (or your spouse or dependent children) receive personal compensation valued at $5,000 or more annually, when aggregated, from any Entity other than the employer listed above whose operations are related in any way to your professional responsibilities? Personal compensation includes salary, consulting fees, investments (stocks or stock options, but not mutual funds), equity (ANY equity in a privately held, non-publicly traded, company should be reported), paid authorships, speaker’s fees, or intellectual property payments from any Entity other than the employer listed above.

☐Yes ☐No

If you checked No, proceed to Section II: Related Outside Activities.
If you checked “yes”, please provide, on separate sheet(s), the following details about each instance of personal compensation:

a. Name and address of the Entity;

b. The nature of your professional responsibilities insofar as they relate to or involve the Entity;

c. Activities or business of the Entity (what goods or services are provided);

d. The nature or type of personal compensation received from or equity in the Entity;

e. Whether the provider is not-for-profit or for-profit. If for-profit, whether it is publicly traded or privately held;

f. The monetary range of the personal compensation over $5,000/yr

$5,000-$10,000  $10,001-$25,000  25,001-$50,000  $50,001-$100,000  Above $100,000

II. Related Outside Activities

In the past 12 months did you (or your spouse or dependent children):

a. Hold any position, whether paid or unpaid, on the board of directors, a scientific or technical advisory board, or any other board of a business or a not-for-profit organization that is engaged in activity related to your professional responsibilities for your employer?

☐ Yes  ☐ No

b. Engage in any activities or relationships not disclosed above that could be perceived to have the potential for creating either a conflict or the appearance of a conflict with your employment responsibilities?

☐ Yes  ☐ No

If you checked No, proceed to Section II: Related Outside Activities.

If you checked “yes”, please provide, on separate sheet(s), the following details about each instance:

a. Name and address of the Entity;

b. The nature of your, your spouse’s, or dependent children’s role, relationship, or activity with the Entity;

c. Activities or business of the Entity (what goods or services are provided);

d. Whether the provider is not-for-profit or for-profit. If for-profit, whether it is publicly traded or privately held.

III. Start-Up/Outside Companies

Are you involved in any way in a startup or outside company derived from a UGA employee’s institutional research, instruction, or public service/outreach responsibilities?

☐ Yes  ☐ No

Are you involved in any way in a startup or outside company that is related in any way to the project?

☐ Yes  ☐ No

If you checked No to do both questions, proceed to Section IV: Reimbursed and Sponsored Travel.
If you checked “yes”, provide the following details for each Entity:

a. Name and address of the Entity
b. Activities or business of the Entity
c. Describe your role or involvement with the Entity

IV. **Reimbursed and Sponsored Travel**

You are required to disclose all travel reimbursements paid by any entity other than your employer for the past 12 months, *no matter the dollar level*, that is either reimbursed or sponsored (i.e., expenses paid on your behalf and not reimbursed to you directly so that you might not know the exact monetary value) that are related in any way to your employment responsibilities. **Do not** disclose travel paid by your employer; any state, federal or local government agency; another higher education institution, a medical center, or a research institute affiliated with a higher education institution. **Do disclose** travel paid by industries such as Pfizer, Lockheed-Martin, or GE and by non-profit organizations such as the American Cancer Society, AAAS, American Heart Association, or a national professional society.

☐ I have no travel reimbursements to disclose

*If none, proceed to Section V.*

I have the following travel reimbursements to disclose:

<table>
<thead>
<tr>
<th>Sponsor/Organization</th>
<th>Purpose of Trip</th>
<th>Destination</th>
<th>Duration of Trip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. **Other**

Have you engaged in an activity that would give you, or the research team, an actual or perceived competitive advantage for this award? Examples: Writing the requirements or specifications of the award or having access to sensitive/proprietary information not generally available to other parties competing for the funding. ☐ Yes ☐ No

*If none, proceed to the Affirmation*

If you checked “yes”, please describe and explain, in the area below, the nature of the activity(ies) that could be perceived to create a competitive advantage.
**Affirmation:**

I understand that this Disclosure is required to obtain funding from the U.S. Government. I certify to the best of my knowledge and belief that the information contained in this Disclosure Statement is true, complete, and accurate. I understand that any false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (18 U.S.C. §§ 1001 and 287, and 31 U.S.C. 3729-3730 and 3801-3812). I further understand and agree that (1) the statements and representations made herein are material to U.S. Government’s funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.

I will comply with any conditions or restrictions imposed by UGA to manage, reduce, or eliminate any conflicts of interest I may have with respect to the project with which I will be affiliated.

________________________________   _______________
Signature      Date

Please e-mail the completed disclosure to Gene Pope (gene.pope@uga.edu), Director, Conflicts of Interest Review and Management at UGA. When e-mailing the disclosure, please courtesy copy (Cc) the relevant UGA Pre-Award grants official.