

WILLIAMS COLLEGE

DISCLOSURE STATEMENT

Regarding External Affiliations
for Compliance with

WILLIAMS COLLEGE POLICY ON INVESTIGATOR FINANCIAL CONFLICT OF INTEREST

NAME: _____

DEPARTMENT: _____

TITLE OF PROPOSAL/SPONSORED PROJECT: _____

NAME OF FUNDER: _____

PROJECT PERIOD OF PERFORMANCE: _____

1. Are you or any member of your immediate family (spouse or dependent children) an officer, director, partner, trustee, employee, advisory board member, or agent of the external entity funding this sponsored project, or of any organization from which goods and/or services will be obtained under the sponsored project, or of any external entity whose financial interests would reasonably appear to be affected by the sponsored project?
 Yes (describe in detail the nature and extent of affiliation on an attached sheet)
 No
2. Are you or any member of your immediate family (together or separately) the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project, or any external entity from which goods and/or services will be obtained under this sponsored project, or any external organization whose financial interests would reasonably appear to be affected by the sponsored project?
 Yes (describe in detail the nature and extent of the equity interest on an attached sheet)
 No
3. Have you or any member of your immediate family (together or separately) received income within the past year; or do you or any member of your immediate family (together or separately) anticipate receiving income exceeding \$5,000 per year from the external entity funding this sponsored project, or any external organization from which goods and/or services will be obtained under this sponsored project, or any external

entity whose financial interests would reasonably appear to be affected by the sponsored project?

Yes (provide the amount of income and describe the reason for which it was or will be received)

No

CERTIFICATION BY FACULTY/STAFF SEEKING/RECEIVING EXTERNAL SUPPORT

- A. I have read and I understand the Williams College Policy on Research Investigator Conflict of Interest
- B. To the best of my knowledge, I have provided all required financial disclosures.
- C. I agree to comply with any conditions or restrictions imposed by the college for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest in connection with this sponsored project. If I am unable to comply, I understand that the college may decline the award.
- D. I agree to notify the grants office within 30 days of discovering or securing any new significant financial interest; and
- E. I agree to update my financial disclosures annually within the period of the award, beginning with the anniversary date of the original disclosure.

Signature of Faculty/Staff Member: _____

Date: _____

CERTIFICATION BY GRANTS OFFICE

No financial conflict of interest appears to exist

A financial conflict of interest may exist. My recommendation is attached.

A financial conflict of interest may exist. I will forward my recommendation to the Dean of Faculty and Provost by _____.

(Date)

Signature of Grants Office Staff Member: _____

Date: _____