

CLEMSON UNIVERSITY

DISCLOSURE STATEMENT FOR EXTERNAL AFFILIATIONS
AFFECTING SPONSORED PROGRAMS

Name: (Responsible Person)

Title:

Department/College/Unit:

Are you a (please check) __ faculty __ staff __ graduate student __ undergraduate student

Title of Sponsored Program:

Name and Address of Sponsor or Proposed External Affiliate:

Sponsored Program Start Date:

End Date:

I hereby certify that I have read and understand Clemson University's Financial Disclosure Policy for Sponsored Programs, and I hereby make all financial disclosures required by it, if any. I will comply with any conditions or restrictions imposed by Clemson University to manage reduce or eliminate actual or potential conflicts of interest.

1. Do you, your spouse, any dependent children, (or any children occupying the same residence), serve as an officer, director, partner, employee, consultant, or agent of: (i) the external organization funding this Sponsored Program, (ii) any organization from which goods or services will be or might reasonably be obtained under the Sponsored Program, or (iii) any organization which you reasonably anticipate will directly benefit or be affected by these proposed activities?

_____ No _____ Yes (If yes, please describe the nature and extent of the affiliation on an attached sheet).

2. When taken alone or together, are you, your spouse, any dependent children, (or any children occupying the same residence), the actual or beneficial owner of more than 10% of the voting stock or controlling interest of: (i) an external organization funding this Sponsored Program, (ii) an external organization from which goods or services may reasonably be obtained under this Sponsored Program, or (iii) an external organization which you reasonably anticipate will benefit from this Sponsored Program?

_____ No _____ Yes (If yes, please describe the nature and extent of the affiliation on an attached sheet).

3. When taken alone or together, are you, your spouse, any dependent children, (or any children occupying the same residence), now receiving or anticipating the receipt of income exceeding \$10,000: (i) from an external organization funding this Sponsored Program, or (ii) any external organization from which goods or services may reasonably be obtained under this Sponsored Program?

_____ **No** _____ **Yes** (If yes, please describe the nature and extent of the affiliation on an attached sheet).

4. Does any of your private outside interests, including but not limited to consulting, and involvement with private businesses, involve providing any service to the external organization that will also fund this Sponsored Program?

_____ **No** _____ **Yes** (If yes, please describe the nature and extent of the private outside employment on an attached sheet).

5. Do you have any other affiliations with external organizations involved in this Sponsored Program which may affect your judgement with respect to the Sponsored Program, or that will affect the manner in which you fulfill your obligations to the sponsor and to Clemson University? If a faculty or staff member, have you involved any graduate student with the outside organization other than as reflected in the budget submitted with the proposal?

_____ **No** _____ **Yes** (If yes, please describe the nature and extent of the affiliation on an attached sheet).

6. Please provide any other information or facts on an attached sheet which you feel are appropriate.

Signature of Disclosing Party: _____

Date: _____

Signatures of Department Chair/Director: _____

Date: _____

Positive Disclosures Require Final Action by Dean:

(or Vice President for all non-academic units)

- A. () Accept Sponsored Project Award;
- B. () Reject Sponsored Project Award; or
- C. () Accept Sponsored Project Award subject to attached conditions or restrictions

Signature of Dean or Vice President: _____

Date: _____