

**Western Washington University**  
**Faculty and Investigator Disclosure Statement**  
**Regarding Federally sponsored Projects**

Report only those outside interests related to your federally funded University activities. Interests and activities related to your federally funded projects are not necessarily impermissible. This disclosure is intended to meet the Federal and University requirements and to protect faculty and Investigators from speculation or perception of compromising academic and/or institutional integrity. This form must be completed annually by all faculty and investigators and be submitted to the department chairperson, dean or immediate supervisor by January 15th of each succeeding year. A current copy of this form must accompany each proposal for federal funding.

**Name:** \_\_\_\_\_ **Title/Rank:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Name of Funding Sponsor:** \_\_\_\_\_

**Project Period:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

1. Are you or any member of your immediate family (spouse, children, or other dependent relatives living at the same address as the faculty member or investigator) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization involved in this sponsored project or of any organization from which goods and services will be obtained under the sponsored project?

\_\_\_\_\_ yes (if so, describe in detail the nature and extent of the affiliation on an attached sheet).

\_\_\_\_\_ no.

2. Do you or any immediate family member have an interest that, when aggregated for you, your spouse and dependent children, have an interest exceeding \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, **AND** represents more than 5% ownership interest in any single entity?

\_\_\_\_\_ yes (if so, 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 derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$10,000 per year from the external organization involved in this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

\_\_\_\_\_ yes (if so, describe on an attached page the amount of the income and the reason for which it was or will be derived).

\_\_\_\_\_ no.

4. Do you have any affiliation with an external organization that would diminish your ability to fulfill your paramount obligations to your students, your colleagues, or the University; or have you involved any graduate student in a proprietary capacity with the external organization?

\_\_\_\_\_ yes (if so, describe on an attached page the nature of the affiliation and the amount of time per week you dedicate to it).

\_\_\_\_\_ no

5. Are you or a member of your immediate family involved in any situation which you believe may create an actual or perceived conflict of interest?

\_\_\_\_\_ yes(if so, describe on an attached sheet in detail the situation in which you believe there is a conflict of Interest).

\_\_\_\_\_ no.

**Certification:**

I have read and concur with the Western Washington University Financial Disclosure Policy Pertaining to Federally Sponsored Projects. The above questions are answered in a complete and accurate manner and are a reflection of my current reportable interests and activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement of Department Chair, Dean, Director:**

I certify that \_\_\_\_\_ reports to me, and that I am ( \_\_\_\_\_ not aware) ( \_\_\_\_\_ aware) of any existing conflict of interest either real or perceived or which has not already been reported and resolved.

**Signature of Dean/Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Typed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Statement of University Designated Reviewer Responsible for Financial Disclosure Policy:**

I have reviewed this form and find ( \_\_\_\_\_ no further) ( \_\_\_\_\_ further) action is required.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Typed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_