

**WINONA STATE UNIVERSITY  
DISCLOSURE STATEMENT – FINANCIAL CONFLICT OF INTERESTS**

If seeking grant support from NIH or NSF, submit the completed disclosure to [Grants & Sponsored Projects](#).

Applicant Information	
Submission Date: <input style="width: 100%;" type="text"/>	
Name: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>
Department: <input style="width: 100%;" type="text"/>	
Co-Applicants: <input style="width: 100%;" type="text"/>	

Project Information	
Title of Project: <input style="width: 100%;" type="text"/>	
Start Date: <input style="width: 95%;" type="text"/>	End Date: <input style="width: 95%;" type="text"/>
Funding Agency: <input style="width: 100%;" type="text"/>	
Co-Applicants: <input style="width: 100%;" type="text"/>	

Disclosure		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you, your spouse, or dependents (dependent children or other relatives living at the same address) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the project?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you or your spouse or dependents 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 of any organization from which goods and services will be obtained under the project?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or your spouse or dependents derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$5,000 per year from the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the project?
<input type="checkbox"/> N/A	<input type="checkbox"/> ATT	If the response to any of the above is "Yes," describe the nature and extent of the affiliation on an attached sheet.

**Signatures and Certifications**

I have read and understand the Winona State University Conflict of Interests Pertaining to Grants and Sponsored Research policy and procedure, have made all required financial disclosures, and will comply with any conditions or restrictions imposed to manage, reduce, or eliminate actual or potential conflicts of interests.

X

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Faculty, Staff Signature (RIGHT CLICK TO SIGN)