Northeast Higher Education District
Financial Conflict of Interest for Federal Grants
Statement of Disclosure

Project Director/Principal Investigator: ____________________________________________

Project Title: ________________________________________________________________________________________________

Funding Agency: ________________________________________________________________________________________________

YES NO

1. Are you or your spouse or dependents (dependent children or other relatives living at the same address as the investigator or co-investigators) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization from which goods and services will be obtained under the sponsored project? If yes, please attach an explanation on a separate sheet.

2. 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 any external organization from which goods and services will be obtained under this sponsored project?

3. 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 $10,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? If yes, please attach an explanation on a separate sheet.

4. Do you have significant financial conflicts of interest with the organization to which you are applying that you would like to make known to the conflict of interest reviewers? If yes, please attach an explanation on a separate sheet.

Certification

I have read and understand the Northeast Higher Education District Conflict of Interest Policy pertaining to grant proposals; have made all financial disclosures required by the policy; will comply with any conditions or restrictions imposed by the institution to manage, reduce or eliminate actual or potential conflicts of interest should I decide to proceed with the project; and will make the College Provost and Business Services aware in writing of any new financial conflicts of interest that arise during the period of the award, should such an award be received.

Signature:________________________________________ Date:________________________________

Submit form to President or College Provost and Emily Ahrens, Business Services, emily.ahrens@rainyriver.edu

Note: Each Project Director/PI/co-PI must fill this form out separately.