

**CONFIDENTIAL**  
Florida A&M University  
**FCOI Disclosure Attachment**

This form is confidential and may be reviewed only by the appropriate Department Head/Director/Dean and others as designated in the FAMU Financial Conflict of Interest policy. Originals are submitted to the Office of Audit and Compliance.

**Who should complete this form?**

If you answered "Yes" to the question on the FCOI Annual Disclosure Form you must complete an attachment for *each entity* in which you and/or your family member(s) have a significant financial interest. "Family members" is defined as your spouse, domestic partner, and/or dependent children.

**When do I complete this form?**

Complete this form at the same time as your FCOI Annual Disclosure Form. FCOI Annual Disclosures are due May 1<sup>st</sup> of each year. Please submit both forms at the same time.

**Please use a separate FCOI Disclosure Attachment for *each* external entity.  
Additional sheets may be used if more space is needed for your responses.**

**Name:**

**Disclosure Year:** \_\_\_\_\_

**This is the previous calendar (January-December) year.**

1. Please describe your role(s) and responsibilities at the FAMU:

2. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest? (If more than one entity is involved, please complete a separate Attachment form for each entity.)

3. Entity type:  Non-profit     For-profit (publicly-owned)     For-profit (privately-held)     Governmental  
 Unknown     Not applicable

4. What is the primary business of this entity?

5. What position do you and/or your family member(s) hold with this entity (e.g., shareholder, director, officer, employee)?

6. (a) What is the nature of the work that you and/or your family member(s) perform for this entity?

(b) Do you and/or your family member(s) have a written employment agreement with this entity?  No     Yes

7. How is the work you and/or your family member(s) perform for this entity similar to or different than the focus of your University research or sponsored program?

**Continue on Reverse side**

8. Check all of the following relationships that this entity has with the FAMU:

- |   |                                       |                                  |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Research Collaborator          | <input type="checkbox"/> Vendor       | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Licensee of FAMU Innovations   | <input type="checkbox"/> Donor (Gift) |                                  |
| <input type="checkbox"/> Employs FAMU Graduate Students | <input type="checkbox"/> None         |                                  |
| <input type="checkbox"/> Other (please describe):       |                                       |                                  |

9. (a) Are any FAMU resources (e.g. facilities, equipment, employees) used on behalf of the entity?

- No  
 Yes, in the last 12 months  
 Yes, within the next 12 months

(b) If yes, is there a written agreement between the FAMU and the entity to manage their use?  No  Yes

(c) If yes, what resources are shared?

10. (a) Is the financial interest derived from royalties or licensing fees?  No  Yes If yes, please describe the intellectual property to which these interests are related:

(b) Is there or will there be a FAMU licensing agreement associated with this interest?  No  Yes

11. With respect to your FAMU sponsored research or sponsored program:

- (a) Do you collaborate with any family members?  No  Yes  
(b) Are any family members paid through your award?  No  Yes

If "Yes" to either (a) or (b) please provide their name(s): \_\_\_\_\_

- (c) Have you applied for or do you have current funding from NIH?  No  Yes  
(d) Have you applied for or do you have current funding from NSF?  No  Yes  
(e) Does the research involve human participants?  No  Yes

12. Do you have a FAMU Management Plan in place for this financial interest with this entity?  No  Yes

13. Please explain what steps you and/or your family member(s) take (or propose to take) to manage, reduce, or eliminate potential or actual financial conflicts of interest with this entity:

I agree to abide by Florida A&M University Financial Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by Florida A&M University, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 60 days of that change.

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

**TO SUBMIT THIS FORM:**

Via Email: Send to: [auditandcompliance@fam.u.edu](mailto:auditandcompliance@fam.u.edu) Please be advised that email is not a secure or confidential communication medium. By submitting your form by email, you acknowledge that the university cannot guarantee the security or confidentiality of the email and you assume all risk of loss.