

University of Maine  
Office of Research Compliance  
**Significant Financial Interest Disclosure Form**

Investigator Name: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Funding Agency: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Investigator's Disclosure**

I have significant financial interest (as defined in the [University of Maine Policies & Procedures for Financial Disclosures and Conflicts of Interest in Extramurally Sponsored Activities \[Word\]](#)) in the ~~project~~ project. I am disclosing the following interest(s):

- Ownership Interests (Complete & Attach Section A)
- Receipt of Compensation (Complete & Attach Section B)
- Officer or Director of Organization or Business (Complete & Attach Section C)
- Receipt of Fees and Commissions (Complete & Attach Section D)
- Travel (Complete & Attach Section E)

I, \_\_\_\_\_ hereby declare that this statement of significant financial interests (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interests required to be disclosed by law, regulation, or policy. I have read and agree to comply with the University of Maine System and University of Maine policies on Conflicts of Interest. I have complied with Federal conflict of interest policies and regulations. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported when it becomes known to me.

\_\_\_\_\_  
**Investigator Signature** \_\_\_\_\_  
**Date**

**Submit this form and all additional pages and statements to your immediate supervisor (Chair, Director, or Unit Head) for review and signature.**

**Verification:** I have reviewed the potential or actual conflicts of interest with the above named individual. A copy of the signed Significant Financial Disclosure of Interest Form will be/has been sent to the University of Maine Financial Disclosure Review Committee via the Office of Research Compliance for resolution.

\_\_\_\_\_  
**Chair/Director/Unit Head Signature** \_\_\_\_\_  
**Date**

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**Section A. Ownership Interests**

List any corporation, partnership, proprietorship, trust, joint venture, and any other business interest, including land used for income in which either you or other members of your household own or have owned within the preceding 12 months that constitute a legal or equitable interest exceeding \$5,000 or five percent of total ownership, whichever is less, which actually or potentially influences or conflicts with any of your research at the University. Ownership of intellectual property, e.g., patents, royalties, and copyrights, is also included and must be disclosed. If you or member(s) of your household own more than five percent of the total ownership interests of a business, you must disclose the percentage held.

*Please insert additional pages as necessary to complete this section.*

**Entity 1:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Interest:

\_\_\_\_\_

Held by:    You    Spouse    Other (Please list): \_\_\_\_\_

% Interest Held: \_\_\_\_\_

**Entity 2:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Interest:

\_\_\_\_\_

Held by:    You    Spouse    Other (Please list): \_\_\_\_\_

% Interest Held: \_\_\_\_\_

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**Section B. Receipt of Compensation**

List all places of employment and other business (excluding the University) from which you or any member of your household expect to receive \$5,000 or more in remuneration per year as to which an independent observer could reasonably conclude could **actually or potentially influence or conflict with any of your research activities** at the University. Consulting fees, honoraria, paid authorship; equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value are considered, for purposes of this policy, remuneration.

*Please insert additional pages as necessary to complete this section.*

**Entity 1:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Held by:    You    Spouse    Other (Please list): \_\_\_\_\_

**Entity 2:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Held by:    You    Spouse    Other (Please list): \_\_\_\_\_

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**Section C. Officer or Director of Organization or Business**

List any organization or business in which you, your spouse, or any other member of your household, hold the position of officer, director, partner, or proprietor for which more than an aggregate of \$5,000 in compensation is received per year or more than five percent ownership interest is held which **significantly affects or will be affected by any of your research activities** for the University.

*Please insert additional pages as necessary to complete this section.*

**Entity 1:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Held by:    You       Spouse       Other (Please list): \_\_\_\_\_

**Entity 2:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Held by:    You       Spouse       Other (Please list): \_\_\_\_\_

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**Section D. Receipt of Fees and Commissions**

List each client or customer from whom you, your spouse, or any household member receives an aggregate of \$5,000 or more per year which could constitute an **actual or potential conflict of interest with any of your research activities** with the University. In the case of a partnership, it is the proportionate share of the fee or commission that is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report in this section, but may be required to report in Section B, above.

*Please insert additional pages as necessary to complete this section.*

**Entity 1:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Held by:    You    Spouse    Other (Please list): \_\_\_\_\_

**Entity 2:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Held by:    You    Spouse    Other (Please list): \_\_\_\_\_

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**Section E. Travel**

Disclose the occurrence of any reimbursed travel or sponsored travel related to Institutional responsibilities. You are NOT required to disclose travel that is reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. The Institution will determine if any travel requires further investigation, including determination or disclosure of the monetary value.

*Please insert additional pages as necessary to complete this section.*

**Trip 1:**

Purpose of Trip: \_\_\_\_\_

Sponsor/Organizer: \_\_\_\_\_

Destination & Duration: \_\_\_\_\_

**Trip 2:**

Purpose of Trip: \_\_\_\_\_

Sponsor/Organizer: \_\_\_\_\_

Destination & Duration: \_\_\_\_\_