Bowdoin College
Significant Financial Interest Disclosure

Faculty/Staff Name  _____________________________________________
Department _____________________________________________
Proposal Title _____________________________________________
Funding Sponsor _____________________________________________

1. Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, and other relatives living at the same address as the investigator) 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 sponsored project?
   _____ Yes.  (If so, describe in detail the nature and extent of the affiliation on a separate sheet.)
   _____ No.

2. Are you or any immediate family member 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?
   _____ Yes.  (If so, describe in detail the nature and extent of the equity interest on a separate sheet.)
   _____ No.

3. Have you or any immediate family member derived income within the past year or do you or any member of your immediate family anticipate receiving 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?
   _____ Yes.  (If so, describe on an attached sheet the amount of the income and the reason for which it was or will be received.)
   _____ No.

I have read and agree to abide by the Bowdoin College Significant Financial Interest Disclosure Policy for Sponsored Project.

Signed:  ____________________________________ Date: ____________________
(Original signature only – a “per” signature is not acceptable)

Endorsement:

Signed:  ____________________________________ Date: ____________________

Dean for Academic Affairs