Bowdoin College  
Significant Financial Interest Disclosure  
(Applicable to all Sponsored Project Proposals)

Investigator ____________________________________________________________________________ 
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 sheet.)  
__ No  

2. Are you or any immediate family member the actual or beneficial owner holding an equity 
interest of any value 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 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 $5,000 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 Projects.

Signed: __________________________ Date: ____________________________  
(Original signature only - "per" signature is not acceptable)

Endorsement:  
Signed: __________________________ Date: ____________________________  
Dean for Academic Affairs

*Consulting fees, honoraria, paid authorships for other than scholarly works

Amended August 27, 2012