



# Office of Research and Sponsored Programs Federal Disclosure Form

Please forward the completed form to the Office of Research and Sponsored Programs.  
For questions, please contact our office at (559) 278-0840.

Name of Applicant and Spouse:  
(Last, first , middle)

Office Telephone Number:

E-mail address:

Department:

Mail Stop:

Home Address:

Title of Project:

- First Disclosure Relating to this Proposal
- Final Disclosure Related to this Proposal
- Change, Renewal, or Extension of Grant or Contract
- Change of Financial Interest Status

Agency to which you are applying or from which the grant was received:

- DHHS/NIH
- NSF
- Other Federal Agency

Name of the Funding Agency:

**Please note:** If you are applying to a non-governmental agency, please fill out the CA Form 700 U. You can download the form from the ORSP web site at <http://csufresno.edu/grants/pdfdocuments/conflictinterest.pdf>

Name of Principal Contact Person at Agency:

Office Telephone Number:

E-mail address:

Amount Applied for: \$

For Period:

Significant (reportable) Financial Interests:

- I have no reportable financial interests.
- I have reportable financial interests declared on the attached \_\_\_\_\_ pages.

Please attach on numbered page(s) for each financial interest as follows:

- 1) Name and Address of Interest
- 2) Owners of Interest
- 3) Amount of your combined (applicant and spouse) investment in them
- 4) The nature and titles used your participation in them (salary, royalties, etc.)
- 5) Your intellectual property rights (patents, copyrights) being used by them
- 6) Any agreement for deferred remuneration, compensation, of financial gain of any kind

I have read all related campus, state and federal policies and regulations pertaining to Conflict of Interest.

I declare under penalty of perjury under the laws of the State of California that I have used all reasonable diligence in preparing this Disclosure and that, to the best of my knowledge and belief , it is true and complete.

Signature:

Date: