

Attachment B

**JACKSON STATE COMMUNITY COLLEGE  
DISCLOSURE OF INTEREST FOR FEDERAL GRANTS**

Financial Conflict of Interest Disclosure Form for Proposals made to the Public Health Service (including the National Institutes of Health) or to the National Science Foundation.

Disclosure by each investigator of all significant financial interests (including those of the investigators' spouse and dependent children) which a) reasonably appear to be affected by the research or educational activities funded or proposed for funding, or b) exist in entities whose financial interests would reasonably appear to be affected by such activities.

"Investigator" means the principal investigator, co-principal investigators, and any other person at TBR institution who is responsible for the design, conduct, or reporting of research or educational activities funded or proposed for funding.

"Significant financial interest" means anything of monetary value, including, but not limited to, salary or other payments for services (greater than \$10,000 per year from sources other than the employee's TBR Institution), equity interest (greater than \$10,000 in value or more than 5% of the ownership interest in a single entity), and intellectual property rights.

Project title:

---

Please check the applicable statement below.

\_\_\_\_\_ I certify that I do not have any significant financial interests associated with the aforementioned proposal/project.

\_\_\_\_\_ I do have a significant financial interest associated with the aforementioned proposal/project. I have disclosed this interest in accordance with TBR System and Institutional policy.

Investigator:

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature