

Appendix A. Financial Interests Report

Investigator / Key Personnel Name: _____

Subrecipient organization (if relevant): _____ Award

/ contract agency & number (if relevant): _____

Pursuant to the requirements of COOLER HEADS 's Conflict of Interest Policy,

I am reporting on activities for the year _____

This disclosure is an:

- Initial disclosure for a new application to a PHS agency for research funding
- Initial disclosure for an on-going PHS-funded project
- On-going update to an existing disclosure
- Annual update to an existing disclosure

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Compensation (including travel expenses): Have you or a member of your family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If Yes, furnish information on an additional page.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Equity: Do you or a member of your family have a significant financial interest in a publicly-traded or privately-owned entity? If Yes, furnish information on an additional page.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Role: Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of COOLER HEADS ? If Yes, furnish information on an additional page.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Intellectual Property: Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights, and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by COOLER HEADS If Yes, furnish information on an additional page.

Certification:

I have read and understand COOLER HEADS 's policy on Conflict of Interest in PHS-Funded Projects and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by COOLER HEADS to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this Report, I agree to submit a revision.

Signature

Date

additional page(s) attached

Addition to Financial Interests Report of: _____
(name)

Reporting for Self Family member:

Name: _____

Relationship: _____

Name of External Entity: _____

Address of External Entity: _____

Type of external relationship: (check all that apply)

<input type="checkbox"/>	Consultant
<input type="checkbox"/>	Speaker
<input type="checkbox"/>	Advisory Board or Committee
<input type="checkbox"/>	Equity Holdings
<input type="checkbox"/>	Governing Board or Officer
<input type="checkbox"/>	Intellectual Property Rights
<input type="checkbox"/>	Royalty Income
<input type="checkbox"/>	Other (describe below):

Amount of compensation or financial interest in reporting period: \$ _____

If travel paid by entity:

Sponsor Organization _____

Destination _____

Purpose of the trip _____

Amount \$ _____

Comments or explanatory information: