



Stanford University

Conflict of Interest Certification

For gifts over \$1000

To be signed by the recipient

GT#

Donor's Name

Fund

Fund Name

Amount

The individual whose teaching, research, or scholarship programs are supported by these funds (Recipient) must review this page, check any statements that apply and sign below. For example, if the gift is to support the general research program in Dr. Smith's lab, Dr. Smith completes this page. (Note: If none of these statements is true, the recipient should check the last box, #7 below.)

- ☐ 1. I* have a "significant financial interest" ** in the Donor.
- ☐ 2. I* have a consulting arrangement or board appointment with the Donor.
- ☐ 3. I* am employed by the Donor.
- ☐ 4. I* have sponsored project support from the Donor.
- ☐ 5. I* am the Donor.
- ☐ 6. I have disclosed a relationship with the Donor on my annual Conflict of Interest Statement.
- ☐ 7. None of the above statements are true.

* "I" includes "myself, and members of my immediate family (includes spouse, dependent children, and/or domestic partner)".

** For this purpose, "significant financial interests" means:

- any current or pending ownership interests (including shares, partnership stake, or derivative interests such as stock options) in a privately-held entity (e.g., in a "start up" company);
- any current or pending ownership interests (including shares, partnership stake, or derivative interests such as stock options) in a publicly-traded entity, amounting to at least one-half percent (0.5%) of that entity's equity or at least \$10,000 in ownership interests (except when the ownership interest is managed by a third party such as a mutual fund); or
- any income amounting to at least \$10,000 per year (other than from employment, consulting, or ownership interests as covered above) -- including for example honoraria, licensing or royalty income.

If any of Boxes 1 - 6 are checked above, the recipient must disclose this circumstance to the school dean or vice president and obtain an approval signature in order to accept this gift. See <http://coi.stanford.edu>.

I have completed the Conflict of Interest review, and assure that the statements checked above are true.

Recipient's Signature

Recipient's Name (type or print)

Date

Only if any of boxes 1-6 are checked above, forward this form to the cognizant administrator in the school dean's office for review and approval. See <http://coi.stanford.edu/contacts/contacts.html> for names of appropriate reviewers. If box 7 is checked, only the Recipient's signature is required.

Approver's (School Dean's Representative) Signature:

Approver's Name (type or print)

Date