DOE CONFLICT OF INTEREST DISCLOSURE FORM

Fill out this form if you have a Significant Financial Interest related to your Institutional Responsibilities and/or Sponsored Reimbursed Travel Disclosures.

This submittal is for a (check one): _____ New Disclosure; _____ Updated Disclosure

Disclosing Investigator Name: _______________________________
Principal Investigator Name, if different from Investigator: ________________________
Proposal Title: ________________________________________________
Agency Award Number (if Updated Disclosure): _______________________________

Provide information about any Significant Financial Interest related to your SSI responsibilities. Note that this disclosure is not required for financial matters/interests that are NOT related to your SSI Responsibilities and that are NOT related to the project. Please refer to the Space Science Institute Department of Energy Conflict of Interest Policy for specific details about when a disclosure is required.

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Provide information about any Sponsored/Reimbursed Travel. No reporting is needed for travel that is reimbursed or sponsored by a U.S. federal, state, or local government agency, an American Institution of higher education, academic teaching hospital, medical center, or research institute that is affiliated with a domestic Institute of Higher Education.

I understand that this Disclosure is required to obtain funding from the US Government. I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I also understand that I have a responsibility to update the disclosures during the period of performance should circumstances change which impact the responses provide in this Form.

Name: ___________________________________________

Signature: _________________________________________

Date: ________________
Institutional Decision regarding the disclosed conflict of interest and, if appropriate, proposed mitigation plan:

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Designated COI Official (name): _________________________________
Signature: ___________________________________________
Date: _______________