



## CONFLICT OF INTEREST DISCLOSURE (COI) FORM FOR NON-MSU EMPLOYEES AND MSU STUDENTS

**Note:** This form is for use by any person required to make a disclosure who does not have a MSU net ID (e.g. subrecipient investigator, student working on a research project, unpaid Community Clinical Faculty, etc.).

Submit this form electronically to [cdm@msu.edu](mailto:cdm@msu.edu) or mail to 4000 Collins Road, Room 108 Lansing, Michigan 48910-5883. Phone: 517-884-7000. For more information, see [cdm.msu.edu](http://cdm.msu.edu).

### PROJECT IDENTIFICATION:

Project Title:

Sponsor (if any):

OSP Proposal Development Number:

### NAME AND CONTACT INFORMATION FOR INVESTIGATOR COMPLETING THIS FORM:

Name:

Address:

E-mail:

Phone:

Investigator's Institution or Company (if MSU student, note "MSU student"):

What will your role and responsibilities be with this project? Please be specific:



## DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS:

Do you, your spouse, domestic partner, dependent children and/or other dependents residing with you have a Significant Financial Interest related to your responsibilities on the project disclosed above?

### Examples of Significant Financial Interests (SFIs) include:

- Income or receipts payments of any kind exceeding \$5,000.
- Ownership interests in a single outside entity of greater than 1% or of an amount exceeding \$5,000.
- Serving as a trustee for a trust or estate, or having a beneficial interest in a trust or estate whose value exceeds \$5,000.
- Indebtedness to or from a business or company in an amount exceeding \$5,000.
- Intellectual property rights with an established fair market value exceeding \$5,000 or which generate income of any value.
- Unvalued stock options or other options for ownership in a privately held company of any value.
- Service on a governing or advisory board, or in a fiduciary or managerial role, for, or as a general partner of, an entity with or without pay.
- Other opportunity for tangible, personal benefit.
- Reimbursed or sponsored travel (PHS Investigators only).

*Note: You are not required to disclose travel that is reimbursed or sponsored by: U.S. government agencies, U.S. institutions of higher education, U.S. teaching hospitals or medical centers, or U.S. research institutes affiliated with a U.S. institution of higher education.*

### Please select from the options listed below:

No, I have NO Significant Financial Interests to disclose. Sign at the bottom of this form to certify your disclosure.

Yes, I have SFIs to disclose. Use Entity Disclosure form(s) to disclose entity(ies) in which you have a related Significant Financial Interest or sponsored/reimbursed travel. Sign at the bottom of this form to certify your disclosure.

I have \_\_\_\_ (insert number) entities that I am disclosing with this certification.



## MALIGN FOREIGN TALENT RECRUITMENT PROGRAM:

Michigan State University (MSU) is an inclusive place of learning that welcomes and promotes international collaborations. While doing so, MSU must comply with federal government regulations and policies associated with research security. The full and transparent disclosure of international activities is essential, including participation in a “[Malign Foreign Talent Recruitment Program](#).”

The Chips and Science Act of 2022 requires MSU to ask about participation in a “[Malign Foreign Talent Recruitment Program](#)” from the identified countries of China, Iran, North Korea, and Russia.

The following resources provide further information on these programs:

- [Definition of Malign Foreign Talent Recruitment Program](#)
- [MSU Research Security Website](#)
- [Malign Foreign Talent Recruitment Program Chart \(PDF\)](#)

Please respond to the following items to support your and MSU’s compliance with federal requirements. If you have questions or need further assistance, please reach out to our resource team at [ORI.TalentPrograms@msu.edu](mailto:ORI.TalentPrograms@msu.edu).

*Note: The MSU Office of Research and Innovation and the Office of the Provost acknowledge that federal guidelines employ the term "foreign," which does not align with MSU's values. Federal terminology is only used where appropriate, and capitalized to define the Terms of Art that the federal agencies are employing in this area of compliance.*

I acknowledge that I have read the definition of a “Malign Foreign Talent Recruitment Program” and I understand defined activities with identified countries are categorized as a “Malign Foreign Talent Recruitment Program”. I understand that participation in a “Malign Foreign Talent Recruitment Program” will prohibit me from applying for and receiving federal research funding.

Do any of your activities meet the definition of a Malign Foreign Talent Recruitment Program?

Yes

No



## PERSONAL CERTIFICATION:

By submitting this form, I certify that this disclosure of my current personal SFIs is complete and accurate to the best of my knowledge.

I am certifying that I understand that it is my responsibility to send an updated COI disclosure form to [cdm@msu.edu](mailto:cdm@msu.edu) within thirty days of acquiring any new SFI related to my responsibilities on the project disclosed above or with any change in details/relationships with my SFI entities.

I understand that this disclosure is required to obtain funding from the U.S. Government. I, certify to the best of my knowledge and belief that the information contained in this disclosure is true, complete, and accurate. I understand that any false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (18 U.S.C. §§ 1001 and 287, and 31 U.S.C. 3729-3730 and 3801-3812). I further understand and agree that (1) the statements and representations made herein are material to U.S. Government's funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print this form for your review and complete by providing your signature. You may send a copy to the Office of Conflict Disclosure and Management ("CDM") using any of the preferred options located at the top of this Paper COI disclosure form.