

700-U Form – Conflict of Interest



STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS A Public Document

Date Received
Campus Use Only

Campus: _____

ID No: _____

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
			()
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRESS
TITLE OF RESEARCH PROJECT			

1. Information Regarding Funding Entity

(Use a separate Form 700-U for each funding entity.)

Name of Entity:

Address of Entity:

Principal Business of Entity:

Amount of Funding: \$

Estimated Actual

2. Type of Statement (Check at least one box)

Initial (for new funding)

Date of initial funding: / /

Interim (for renewed funding)

Funding was renewed on: / /

Completion Statement (CSU Required) Project ended: / /

3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No Yes

Title: _____

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above? No Yes – value is:

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Exceeds \$1,000,000

Date Disposed: / / if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period? No Yes – amount is:

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Exceeds \$100,000

Was this income received through your spouse or registered domestic partner? No Yes

3. Filer Information - Cont.

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period? No Yes – highest balance:

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Exceeded \$100,000

If you checked "yes," was the loan:

Secured Unsecured Interest rate: %

Was the loan entirely repaid within the last 12 months? No Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more? No Yes – describe below.

Description: _____

Value: \$ Date Received: / /

F. Has the entity in Part 1 paid for your travel during the reporting period? No Yes – describe below.

Type of Payment: (check one) Gift Income

Amt: \$ date(s): / / (if applicable)

Description: _____

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____

(month, day, year)

Signature _____

(File the originally signed statement with your university.)

The Form 700-U is for university use only.
This statement is a public record under Gov. Code Section 81008(a).

FPPC Form 700-U (2010/2011)
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

[Clear Form](#)

[Print Form](#)

Conflict of Interest 700-U Form

The Office of Grants and Contracts will require this form to be completed during the Proposal Stage

The Office of Sponsored Programs will require this form to be completed during close out.