**Disclosure of Other   
Support****, Non-profit**

*Updated October 2023*

**Disclosure of Support and Conflicts of Interest Form**

**For Grantees at Academic Institutions and other Non-profit Organizations**

This form provides the Commonwealth Fund with an overview of all sources of funding for certain personnel (see below) funded through the proposed grant. This information helps to identify actual or potential conflicts of interest across funded work and through any health-related consulting or board service disclosed.

A separate form should be completed for the following key personnel to be funded through the proposed grant:

* Project Director (regardless of percent effort)
* Co-Project Director (regardless of percent effort)
* Any additional project personnel devoting 10 percent effort or more per the project budget.
* Other people named in the proposal or budget who contribute substantively to the project’s execution (e.g., any researcher, consultant, or contractor).

The form should be signed by the individual completing the form, as well as an institutional finance or contracts officer.

|  |  |
| --- | --- |
| **Date:** Click or tap to enter a date. | **Project Director Name:** Click or tap here to enter text. |
| **Name of Individual Completing the Form:** Click or tap here to enter text. | **Project Title:** Click or tap here to enter text. |
| **Title of Individual Completing the Form:** Click or tap here to enter text. | **Grant Number** (if available): Click or tap here to enter text. |
| **Organization Name:** Click or tap here to enter text. | **Grant Project Dates:** Click or tap here to enter text. |

1. **Sources of Institutional Support**: Below list the names of any funders supporting your salary and the percentage they contribute to your salary for a given project. The information provided should be inclusive of all projects/funders you are currently working on, not just the proposed Commonwealth Fund grant. Other support includes all financial resources, Federal and non-Federal, commercial, institutional, or clinical.

If you are uncertain of how to complete this section of the form, you may contact [grants@cmwf.org](mailto:grants@cmwf.org) for further support.

If you need to list more than 10 sources of support, you can insert additional rows in the table below or list them in a separate document.

**SOURCE OF SUPPORT** (Funders) **% Effort Supported by Funder**

|  |  |
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| 1. Commonwealth Fund grant under consideration | Click or tap here to enter text. |
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**TOTAL % Effort** Click or tap here to enter text.

If approval of the proposed project will cause the support to increase above 100%, or if there is overlap between activities of funded projects, please note how changes will be made to address the duplication of funding or project work.

|  |
| --- |
| Click or tap here to enter text. |

Is any of the funding listed above from a federal government agency through an Intergovernmental Personnel Act (I.P.A.) agreement?

Yes  No

1. Do you serve on any health-related corporate boards, and / or do you have a financial interest in any other for-profit organization in the health care field?  
     
   Yes  No

If yes, please list the affiliations in which you have a financial interest or from which you receive compensation (excluding ownership of publicly traded stock, or stock in mutual funds):

|  |
| --- |
| Click or tap here to enter text. |

1. Do you serve on any health-related non-profit organization boards?

Yes  No

If yes, please list the affiliations:

|  |
| --- |
| Click or tap here to enter text. |

Reviewed and approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Completing the Form Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Institutional Finance/Contracts Officer Date