

## Innovations for Poverty Action Financial Interests Report

(submitted pursuant to the requirements of the Innovations for Poverty Action PHS Financial Conflict of Interest policy)

Name:			
I am reporting on activities:  ☐ for the PHS-funding application or agreement ☐ for the year ☐ as an addendum to my most recent report			
The financial conflict of interest policy and report applies to any Innovations for Poverty Action ("IPA" or "Institution") employee or Affiliated Principal Investigator who is an Investigator, as defined by this policy, on Public Health Service (PHS) sponsored activities of the Institution.			
□ yes	□ no	1.	Compensation (including travel expenses). Have you or a member of your family¹ received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If yes, furnish information on an additional page.
□ yes	□ no	2.	Equity. Do you or a member of your family own stock or hold stock options with a publicly-traded or privately-owned entity? If yes, furnish information on an additional page.
□ yes	□ no	3.	Role. Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of the Institution. If yes, furnish information on an additional page.
□ yes	□ no	4.	Intellectual Property. Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by the Institution. If yes, furnish information on an additional page.

<sup>&</sup>lt;sup>1</sup> Family means any member of the Investigator's immediate family, specifically, any dependent children and spouse.



## Certification:

I have read and understand the Innovations for Poverty Action's policy on Financial Conflict of Interest in Public Health Service (PHS) Funded Projects and have completed this report to the best of knowledge and belief. If required, I will comply with any conditions or restrictions imposed by IPA to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision. (signature) (date) additional page(s) attached Addition to Financial Interests Report of: Reporting for □ self ☐ family member: name: relationship: \_ Name of External Entity: Address of External Entity: Type of external relationship: (check all that apply) Consultant Speaker Advisory Board or Committee Equity Holdings Governing Board or Officer Intellectual Property Rights Royalty Income Other (describe below) Amount of compensation or financial interest in reporting period: If travel paid by entity: Destination Amount

Version January 28, 2019

Comments or explanatory information: