



MIDDLEBURY COLLEGE

Middlebury, VT 05753

(802) 443-5000

FAMILY RELATIONSHIP DISCLOSURE STATEMENT

Sponsor:

Grant Program/Deadline:

Grant Title:

Principal Investigator:

Disclosure of relationships:

PRE-AWARD: The signatures below certify that this statement has been appended to the above referenced grant proposal and will be included in all future revisions.

POST AWARD: The signatures below certify that the PI is disclosing family relationships in a funded grant project in accordance with the attached plan, which has been approved by the Controller's office.

Principal Investigator:

Date: _____

Middlebury College Institutional Official:

Date: _____