

Significant Financial Interest (SFI) Disclosure

Name/Title/Institution: _____

Address: _____

Phone: _____ Email: _____

Grant Proposal Title: _____

Role on the Grant (i.e., PI, Co-PI, post-doc, consultant, etc.): _____

I am disclosing the following significant financial interests received over the last 12 months for me and/or my family (spouse and dependent children) that meet the definition of SFI included in the Institution's FCOI Policy and, if applicable, I will attach supporting documentation that identifies the business enterprise or entity involved and the nature and amount of the interest:

_____ If with a publicly traded entity, the aggregate value of any salary or other payments for services received during the 12-month period preceding the disclosure, and the value of any equity interest during the 12-month period preceding or as of the date of disclosure, exceeds \$5,000; or

_____ If with a non-publicly traded entity, the aggregate value of any salary or other payments for services received during the 12-month period preceding the disclosure exceeds \$5,000; or

_____ If with a non-publicly-traded company, is an equity interest of any value during the 12-month period preceding or as of the date of disclosure; or

_____ Income related to intellectual property rights and interests not reimbursed through the Institution.

_____ All foreign financial interests—which includes income from seminars, lectures, or teaching engagements; income from service on advisory committees or review panels; and reimbursed or sponsored travel received from any foreign entity, including foreign institutions of higher education or foreign governments (including local, provincial, or equivalent governments of another country) when such income meets the threshold for disclosure (e.g., income in excess of \$5,000).

_____ Reimbursed or sponsored travel in excess of \$5,000 that is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to their Institutional responsibilities. Note: this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency located in the United States, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a U.S. Institution of higher education.

_____ I have no SFIs to disclose at this time.

Further I agree:

- To comply with all aspects of the Institution's FCOI policy, including completing required FCOI training at least once every four years or as requested by Designated Institutional Officials (the Institution's Sponsored Research Officer with support from an Institutional Official from the Business Affairs and Treasurer's Office) through the [PHS FCOI tutorial](#).
- To notify Designated Institutional Officials if disclosure information is requested or required by any outside entity, including, but not limited to federal agencies, auditors, or funding agencies.
- To update this disclosure during the period of the award, either on an annual basis, or as new reportable significant financial interests are discovered or acquired. In the case of travel, the disclosure will occur no more than 30 days after the date of travel.
- To cooperate in the development of a plan to resolve any FCOIs.
- To comply with any conditions or restrictions imposed by the Institution to manage, reduce, or eliminate actual or potential conflicts of interests or to forfeit the award.

Signed: _____
(A "per" signature is not acceptable.)

Date: _____

Endorsements:

I have reviewed the SFI Disclosure and if potential FCOIs exist, will work with Investigators to manage and/or mitigate these conflicts prior to expenditure of federal funds in support of this research.

Institutional Official:

Signed

Date

