

**FINANCIAL CONFLICT OF INTEREST (FCOI) DISCLOSURE FORM**

**National Science Foundation (NSF)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Date:** |  |

## DISCLOSURE FOR NSF PROPOSALS AND FUNDED PROJECTS

Definitions

“Investigator”: the Principal Investigator (PI)/Project Director (PD), co-PI/co-PDs, and any other person identified on the proposed project who is responsible for the design, conduct, or reporting of research or educational activities funded or proposed for funding by NSF.

“Significant Financial Interest” (SFI): anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights).

Guidelines for Disclosure

Each investigator **MUST** disclose all SFIs of the investigator (including those of the investigator’s spouse and dependent children): (i) that would reasonably appear to be affected by the research or educational activities funded or proposed for funding by NSF; or (ii) in entities whose financial interests would reasonably appear to be affected by such activities.

*SFIs* must be disclosed where one or more of the following financial interests of the investigator (and those of the investigator’s spouse/domestic partner and dependent children) reasonably appears to be related to the investigator’s Institutional responsibilities.

A *SFI* exists if an equity interest that, when aggregated for the investigator and the investigator’s spouse/domestic partner and dependent children, **exceeds $10,000** in value as determined through reference to public prices or other reasonable measures of market value, and represent **more than a 5%** ownership interest in any single entity.

A *SFI* exists when salary, royalties or other payments that, when aggregated for the investigator and the investigator’s spouse/domestic partner and dependent children, **have exceeded or are expected to exceed $10,000** during any immediately preceding or following 12 month period.

For NSF, a SFI ***DOES NOT*** include:

* Salary, royalties or other remuneration from the applicant Institution
* Any ownership interest in the Institution, if the Institution is an applicant under the Small Business Innovation Program or Small Business Technology Transfer Program
* Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities
* Income from service on advisory committees or review panels for public or nonprofit entities
* Equity interest and/or salary, royalty and other payments do not exceed the thresholds in the section regarding NSF immediately above

## NSF DISCLOSURE AND CERTIFICATION

**Project Status/Reason for Disclosure (circle one):**

New Submission (Note: NSF considers all proposals to be “new” submissions)\

New/Change/Addition of Investigator

Annual Certification

|  |  |
| --- | --- |
| **Title of Proposal**: |  |

## CERTIFICATION

I certify that I have read and understand Saint Peter’s University’s FCOI Policy for NSF, have made all financial disclosures required by it (see below), and will comply with any conditions or restriction imposed by the institution to manage, reduce, or eliminate actual or potential FCOIs.

## Signature:

|  |  |
| --- | --- |
| *(print name)* | *(signature)* |
|  |  |

## DISCLOSURE

Do you, your spouse or registered domestic partner, and dependent children have a Significant Financial Interest (i) that would reasonably appear to be affected by the research or educational activities funded or proposed for funding by NSF; or (ii) in entities whose financial interests would reasonably appear to be affected by such activities.

(*See page 1 for definition of Significant Financial Interest*)

1. **Response**: **(circle one)** If “Yes” please describe and send as **Word or pdf document** with this signed form to Andrea Bubka (email: abubka@saintpeters.edu)

Yes No

## Signature:

|  |  |
| --- | --- |
| *(print name)* | *(signature)* |
|  |  |

## Is management of an FCOI required (circle one)? Yes or No

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_