DISCLOSURE OF FINANCIAL INTEREST

Investigator Name: ____________________________ School/Department: ____________________________

Funding Agency: ____________________________ Grant Program: ____________________________

Project Title: ____________________________ Project Period: ____________________________

Investigator Disclosure
Do you, your spouse, or dependent children have any financial interests related to the work to be conducted under the proposed project?
☐ No. Please complete the certification at the bottom of the page.
☐ Yes. Please complete the section below and attach supporting documentation that identifies the name of the entity, the nature of the financial interest, and the monetary value of the financial interest.

Nature of Financial Interest
☐ Salary or other payment for services (e.g., consulting fees or honoraria)
☐ Equity interests (e.g., stocks, stock options, or other ownership interests)
☐ Intellectual property rights (e.g., patents, copyrights, and royalties from such rights)
☐ Sponsored travel or reimbursed travel (with the exception of travel reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education)
☐ Other significant financial interest of the investigator that possibly could affect or be perceived to affect the results of the research or educational activities funded or proposed for funding.

Certification
I certify that I have read and understood Saint Vincent College’s policy on Financial Conflicts of Interest for federally funded research, and I agree to abide by the policies and carry out my responsibilities outlined therein, and in supporting federal regulations.

I further certify that this is a complete disclosure of my financial interests related to the proposed project. I acknowledge my responsibility to disclose any new reportable financial interests obtained during the project.

__________________________________________
Signature

__________________________________________
Date

This Disclosure of Financial Interest form must be completed by the Principal Investigator, all Co-Principal Investigators, and any other College employee who is responsible for the design, conduct, or reporting of research, educational, or service activities proposed for funding through this externally funded project.