 **Significant & Financial Interest Disclosure Form**

## Required for Federally Funded Awards

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator Name | Click or tap here to enter text. | Department | Click or tap here to enter text. |
| Project Title(s) | Click or tap here to enter text. |
| Sponsor | Click or tap here to enter text. |
|  | Date | Click or tap to enter a date. |
| I have a financial interest to disclose; | Yes (please complete the entire form) [ ]  |
|  | No (sign the form) [ ]  |

I am disclosing the following Significant Financial Interest (SFI) (check all that apply) that are related to my institutional responsibilities. Use page 2 to explain and identify the business enterprise or entity involved, the nature of the relationship, and amount of the interest.

|  |  |
| --- | --- |
| [ ]  | Salary or other payment of services (e.g., consulting fees or honoraria) |
| [ ]  | Equity interests or any remuneration (e.g., stocks, stock options, other ownership interests, including non-publicly traded entities) |
| [ ]  | Intellectual property rights (e.g., patents, copyrights, and royalties from such rights) |
| [ ]  | Travel (reimbursed or sponsored) related to institutional responsibilities [not paid for by MSU Cost Center] |
| [ ]  | Any activity, appointment or relationship with a foreign entity (Foreign Entities may include governments, universities, and companies that are non-U.S. based) |

### Affirmation

I affirm that I have read the [Financial Conflict of Interest Policy](https://www.montclair.edu/sponsored-programs/compliance/financial-conflict-of-interest-policy/), The [Foreign Financial Interest Reporting](https://www.montclair.edu/research/foreign-financial-interests/) Obligations, and that the above information is true to the best of my knowledge.

### Further, I Agree:

~To update this disclosure either on an annual basis or within (30) days as a new Significant Financial Interest is obtained.

~To comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.

|  |  |
| --- | --- |
| Investigator's Signature  | ***X*** *Click or tap to enter signature* |
| Date | Click or tap to enter a date. |
| Supervisor's Signature (e.g., Department Chair; Dean) | ***X*** *Click or tap to enter signature* |
| Date | Click or tap to enter a date. |

Please provide a complete description of all related details in disclosing your significant financial interest. Please include the business enterprise or entity involved, the nature of the relationship, and amount of interest.

Click or tap here to enter text.