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**Marymount University**

**Office of Sponsored Programs**

osp@marymount.edu

2807 North Glebe Road,

Arlington, VA 22207

**Marymount University**

**National Science Foundation – Significant Financial Interest Disclosure Form**

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| --- | --- |
| Investigator Name: | Rank/Title: |
| Dean or Division/Area Head: | Role: [ ]  PI [ ]  Senior/Key Personnel [ ]  Consultant[ ]  Partner/Collaborator PI [ ]  Other |
| School (Academic) or Division (non-Academic): | Department: |
| Email: | Campus Phone: |
| Institution (if Subrecipient or subcontractor on a MU sponsored award and following MU NSF FCOI Procedures): |
| List all of your currently active NSF-funded projects and/or any NSF funding proposals currently being developed for submission: |

I am reporting on activities: [ ]  **Initial Disclosure**, on Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  **Annual Disclosure** for the year **\_\_\_\_\_\_**

 [ ]  **Updated Disclosure** as an addendum to most recent NSF SFI Disclosure Form

Please refer to Marymount University’s NSF FCOI Procedures for more information and guidance.

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| **A. Disclosure of Significant Financial Interest (SFI) for Non-University Financial or Fiduciary Relationships**  |
| [ ]  | Check the box if you and/or your family (see definition) have *NO* **SIGNIFICANT FINANCIAL INTERESTS OR FIDUCIARY RELATIONSHIPS** at present or in the preceding 12 months. (if checked, skip to Part B – Certification & Signature Page) |
| **The term ‘Significant Financial Interest’ does NOT include the following types of financial interests of you and your family (spouse or domestic partner and dependent children):**1. Salary, royalties or other remuneration from the Marymount University.
2. Any ownership interests in an organization that is an applicant under the U.S. Small Business Innovation Research or Small Business Technology Transfer programs.
3. Income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities.
4. Income from service on advisory committees or review panels for public or non-profit entities.

**Additionally, the following financial interests do NOT rise to the level of a Significant Financial Interest:**1. An equity interest that, when aggregated for the Investigator and the Investigator’s family (spouse or domestic partner and dependent children), meets *BOTH* of the following tests:
	1. does not exceed $10,000 in value as determined through reference to public prices or other reasonable measures of fair market value **and**
	2. does not represent more than a 5% ownership interest in any single entity.
2. Salary, royalties or other payments that, when aggregated for the Investigator and the Investigator’s family (spouse or domestic partner and dependent children), are not expected to exceed $10,000 during the prior twelve-month period.
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If you have answered **“NO”** to each question above, *go to Section B to Certify and Sign the NSF SFI Disclosure Form*.

If you have answered **“YES”** to a question above, you must explain each Yes question and describe in detail the possible conflict of interest on the NSF SFI Disclosure Attachment Sheet below. If the FCOI is already under a management plan not previously disclosed, provide details about that plan on the Attachment Sheet. If the FCOI is under a previously disclosed management plan, then provide details about how well the COI is being managed.

 **B. Investigator Certification & Signature Page**

I certify and affirm that I have read and understand the University’s Sponsored Programs Conflict of Interest (FCOI) Policy and related Procedures, including those procedures specifically for NSF. To the best of my knowledge, I have made all required financial disclosures and the information provided in this document is complete and true. I acknowledge that I am responsible for updating information **annually** or within **30** days of acquiring any new *Significant Financial Interest* (e.g. through purchase, inheritance, or marriage). I will promptly correct any incomplete or inaccurate information. If required, I will comply with conditions or restrictions imposed by the University to manage real or perceived FCOIs prior to expenditures of funds related to the sponsored program(s). If I am unable to comply, I understand that the University may decline a NSF-funded sponsored program award or terminate the NSF-funded sponsored program.

Investigator Printed Name: Date:

Investigator’s Signature:

# Please send form and any attachments to the Office of Sponsored Programs at osp@marymount.edu

 **C. OSP Review**

**Administration only:**

[ ]  No significant financial or fiduciary relationships disclosed, or the financial interest does not meet the SFI threshold.

[ ]  The relationship disclosed represents a Significant Financial Interest (SFI).

[ ]  The SFI disclosed may be reasonably related to the NSF-funded program(s) specified below.

[ ]  The SFI is determined to be a Financial Conflict of Interest (FCOI) that requires additional management.

[ ]  A complex Financial Conflict of Interest appears to exist and review is needed by the Sponsored Program FCOI Committee.

[ ]  FOR PROPOSALS: A Financial Conflict of Interest may exist. The proposal may be submitted, but if the sponsored program is awarded, no expenditures are allowed until an approved Management Plan is in place.

[ ]  FOR UPDATED FCOI DISCLOSURES: A Financial Conflict of Interest may exist. No sponsored program proposals or expenditures may go forward until an approved Management Plan is in place.

[ ]  The SFI is unmanageable, but the sponsored program has been approved to continue and NSF has been notified.

[ ]  The SFI is unmanageable and the sponsored program is not allowed to continue and NSF has been notified.

IO Signature Printed Name Date

AOR Signature Printed Name Date

**NSF Significant Financial Interest Disclosure Form ATTACHMENT SHEET**

**Replicate this Sheet as needed to document any real or possible conflicts of interests with entities**

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| --- |
| **Complete this section if you answered “YES” on any question in the NSF Significant Financial Interest (SFI) Disclosure Form covering the present and/or the preceding 12 months.** |
| Investigator Name: | Date Form Completed: |
| Reporting for [ ]  Self and/or [ ]  Immediate Family | For Family Member: [ ]  Spouse or Domestic partner [ ]  Dependent child |
| 1. **Name of Non-Marymount University Entity:**
2. **Describe the financial interest(s) with the Entity at present or in the 12 months preceding the date of this disclosure.** (check all that apply for this entity). This disclosure section is regardless if the financial interest is related or not to the Investigator’s sponsored program(s) or Institutional Responsibilities[[1]](#footnote-1).
	1. [ ]  **Combined remuneration** for you and your Immediate Family (spouse or domestic partner and dependent children) includes non-MU: salary, income, royalties, and any other compensation (e.g. consulting fees, honoraria, paid authorship, or other supplemental income) exceeds $10,000 in this single Entity.
	2. [ ]  **Ownership interest** in this Entity, which is not an applicant under the US Small Business Innovation Research (SBIR) program or Small Business Technology Transfer(STTR) program.
	3. [ ]  **Combined income from Sponsored Entity:** Income for you and your Immediate Family (spouse or domestic partner and dependent children) from seminars, lectures, or teaching engagements sponsored by this Entity that is not a public or nonprofit entity, when combined, exceeds $10,000 from this single entity.
	4. [ ]  **Combined income for Service:** Income for you and your Immediate Family (spouse or domestic partner and dependent children) from service on advisory committees or review panels for this Entity that is not a public or nonprofit entity, when combined, exceeds $10,000 from this single entity.
	5. [ ]  **Equity interest** includes any stock, stock option, or other ownership interest (aggregated for you and your Immediate Family (spouse or domestic partner and dependent children) that meet both tests below:

1. Combined value exceeds $10,000 as determined through reference to public prices or other reasonable measures of fair market value; **AND**2. Represents more than a 5% ownership interest (when combined) in this single entity.1. **Fiduciary Relationships:** Describe how the financial interest in this Entity is or may be related to the Investigator’s research/program or Institutional Responsibilities at Marymount.

[ ]  The activities with the external Entity are not related to Investigator’s research, program, or Institutional Responsibilities.[ ]  Entity is or may be a sponsor for the Investigator’s research or program.[ ]  Entity’s product(s) or service(s) is or may be utilized, tested, evaluated, or otherwise involved in the research or program.[ ]  Entity does/will license University intellectual property utilized, tested, evaluated or otherwise involved in the research or program.[ ]  Entity sponsors/reimburses Investigator for travel related to Investigator’s research, program or Institutional Responsibilities.[ ]  Investigator’s Institutional Responsibilities may involve or require interacting with the external Entity.[ ]  Other, *describe*:1. **FCOI Management Plans:** Describe any approved FCOI Management Plans in place for identified FCOIs and provide updates on if/how the financial interest(s) and/or fiduciary relationship(s) have been reduced or eliminated.
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1. Refers to an Investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of your appointment or employment by MU, which includes activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards. [↑](#footnote-ref-1)