

## Disclosure of Significant Financial Interests in Sponsored Projects

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Northern Arizona University is committed to promoting objectivity in research and ensuring institutional compliance with applicable federal regulations and non-federal agency guidelines. Accordingly, the Office of Sponsored Projects requires all Investigators<sup>1</sup> to submit a conflict of interest disclosure annually and prior to the submission of sponsored projects proposals to a Public Health Service (PHS) agency, including the National Science Foundation (NSF), and other applicable private foundations/agencies. The submission of the disclosure ensures that the design, conduct, or reporting of proposed sponsored projects will not be biased by a significant financial interests (SFIs) or obligations of any Investigator.

All individuals responsible for the design, conduct or reporting of the proposed sponsored/research project must complete Section I of the Disclosure of Significant Financial Interest questionnaire certification via the [OSP website](#) or via Cayuse SP. If any answer to questions in Section I is “yes”, then [Section II](#) of the disclosure questionnaire must also be completed.

A revised disclosure questionnaire certification must be completed and filed with the Office of Sponsored Projects (OSP) **within thirty (30) days** whenever an Investigator has a material change in the significant financial interests or obligations previously disclosed.

PHS, NSF, and other applicable agency proposals/applications will not be submitted until all required disclosure certifications have been completed by all Investigators and submitted to the Office of Sponsored Projects (OSP). Compliance with this requirement is a prerequisite for acceptance by Northern Arizona University of a PHS, NSF, or other applicable agency sponsored grant or contract award. Completed and submitted disclosures satisfies the requirements of the Department of Health and Human Services/Public Health Services (PHS), National Science Foundation (NSF), 42 CFR 50 Subpart F and 25 CFR 94, and Northern Arizona University’s Conflicts of Interest in Sponsored Projects policy ([COISP policy](#)).

All disclosures will be reviewed and maintained in the Office of Sponsored Projects. If a Significant Financial Interest (SFI) is identified via the disclosure(s), a subsequent review by the Assistant Vice President for Sponsored Projects will be conducted and an assessment for the development of a conflicts of interest management plan will be recommended for the review and approval of the Conflicts of Interest Committee. Questions concerning sponsored projects or research-related disclosures should be addressed to: Stacia Levy, Associate Vice President, Research at [Stacia.Levy@nau.edu](mailto:Stacia.Levy@nau.edu).

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<sup>1</sup> For the purpose of disclosure, ***Investigator means any individual who is responsible for the design, conduct, or reporting of PHS, NSF and other applicable sponsored projects, or proposals for such funding. This definition is not limited to those titled or budgeted as Principal Investigator (PI) or co-investigator, and may include postdoctoral fellows, senior scientists, or graduate students. This definition may also include collaborators or consultants when applicable.***

## Disclosure of Significant Financial Interests and Obligations Section I

All Northern Arizona University Investigators seeking external sponsored funding from a PHS agency, NSF and other applicable agencies<sup>2</sup> are required to complete this form before a proposal can be submitted.

**Instructions:** Place a check in the appropriate column for each question. Every question is required to be answered and the investigator must certify the information by signing the bottom of the form.

Investigator Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Project/Program Title: \_\_\_\_\_

Questions	Yes	No
Do you or your family member <sup>3</sup> hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with a sponsor, a vendor or (sub) contractor related to the proposed sponsored project activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your family member have a Significant Financial Interest (SFI) in a Sponsor, a vendor or (sub) contractor related to your proposed sponsored project activity? <i>Significant Financial Interest</i> includes payments (including salary, consulting fees, honoraria and gifts) stock, stock options, and/or any other ownership interest valued at more than \$5,000 or 5% ownership and/or a Financial Interest that : <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• is income exceeding \$5,000 related to intellectual property rights and interests not reimbursed through the Institution, or</li> <li>• reimbursed travel related to your institutional responsibilities (teaching, research, academic advising, etc.,) excluding travel reimbursed by U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Could the value of your or your family's Significant Financial Interest reasonably affect the outcome of the proposed sponsored research/activity?	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> A list of Other Applicable Agencies can be found at [thefdp.org](http://thefdp.org)

<sup>3</sup> Family M=member includes Investigator's immediate family; specifically dependent children, spouse, or domestic partner.

If you answered “YES” to **any** question above, please complete a separate Section II for **every** organization with which you have indicated a Significant Financial Interest above. Return all completed forms to your assigned Grants and Contracts Administrator in OSP.

**Investigator Certification:**

I have read and understood Northern Arizona University’s Conflict of Interest in Sponsored Projects policy.

I have read and understood the Disclosure of Significant Financial Interests and Obligations, and agree to file a new or updated Disclosure of Significant Financial Interests and Obligations form if answers to any question above have changed and/or when I have a Significant Financial Interest related to the project title referenced above.

I certify that the answers to the declaration above are accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_

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

## Disclosure of Significant Financial Interests and Obligations Section II

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\*\*\*Complete this form only if you answered "YES" to any questions in Section I\*\*\*

Investigator's Name: \_\_\_\_\_

1. Name of organization that you have (or your family has) a Significant Financial Interest: \_\_\_\_\_
  
2. Type of Significant Financial Interest with the organization/individual (check all that apply):  

<input type="checkbox"/> Consultant	<input type="checkbox"/> Employee
<input type="checkbox"/> Equity Interest	<input type="checkbox"/> Recipient of Honoraria
<input type="checkbox"/> Recipient of Royalties	<input type="checkbox"/> Other (Describe): _____
  
3. The Significant Financial Interest is between the organization and (check all that apply):  

<input type="checkbox"/> Self
<input type="checkbox"/> Family Member
  
4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that when aggregated with payments from this organization to your spouse, domestic partner, and/or dependent child(ren) will exceed \$5,000?  

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Have you or your family member had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization which, when aggregated have a fair market value exceeding \$5,000 or have or will have an ownership interest of 5% or more in the organization?  

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research or proposed sponsored activity?

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_

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

**\*\*\*Please forward the completed form to your assigned Pre-Award Research Administrator (PRA). Do not upload this form in Cayuse.**