

Federal Grant Significant Financial Interest (SFI) Disclosure Form

Investigator Name:

Department:

Project Title:

Federal Agency Sponsor:

Check One

* I have read the attached Federal Grant Conflict of Interest Policy. At this time, I have nothing to disclose.
* I am disclosing the following significant financial interest(s) related to an entity involved with a Federal Grant project (remember: responses should include consideration of your spouse and dependent children.)

Name of Entity:

Address of Entity:

Type of Business:

If the Entity is the Sponsor, Amount of Funding Request: $

|  |  |  |
| --- | --- | --- |
| Are you a director, officer, partner, trustee, or employee of the entity?  Do you have any equity (stocks, stock options or other ownership interests) | * Yes | * No |
| in the entity? | * Yes | * No |
| Have you received any payments from the entity within the last 12 months of more than $5,000? | * Yes | * No |
| Do you have an interest in any intellectual property rights |  |  |
| belonging to the entity? | * Yes | * No |

Please provide relevant details (attach separate sheet if

necessary):

Investigator Certification:

* + I agree to update this disclosure either on an annual basis, or within 30 days of acquiring a significant financial interest.
  + I agree to cooperate in the development of a resolution plan, as outlined in the Federal Grant Conflict of Interest Policy, to address any actual or potential conflicts of interest identified in this disclosure.
  + I agree to comply with any conditions or restrictions imposed by Cornell College to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.

Signed: Date: