Significant Financial Interest (SFI) Disclosure Certification

Name:
Department:
Funding Agency(ies):
Active Grants:

Please check one:

☐ I hereby certify to having no significant financial interests (see below for examples of SFIs).

OR

☐ I am disclosing the following significant financial interests (check all that apply) and I am attaching supporting documentation (included in an envelope marked CONFIDENTIAL and sent to the SPGM Office) that identifies the business enterprise or entity involved and the nature and amount of the interest:

☐ Salary or other payments for services (e.g., consulting fees, honoraria, paid authorship) during the past twelve (12) months that, when aggregated, exceed $5,000.00

☐ Equity interests (e.g., stocks, stock options, or other ownership interests) that, when aggregate, exceed $5,000.00 in value. This excludes mutual funds, retirement accounts, or other investment vehicles where you do not directly control the investment decisions.

☐ Travel that is paid on behalf of a sponsor, and not reimbursed directly to you, so that the exact monetary value may or may not be readily available. This excludes sponsor travel paid by federal, state, local government, an institution of higher education, an academic teaching hospital, a medical center, or research institute affiliated with an institution of higher education.

☐ Other significant financial interests 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.

Narrative explaining financial relationship to currently active grant(s):

I agree to the following:

- To notify the Office of Sponsored Programs and Grants Management immediately if new significant financial interests are obtained, or there are changes to previously reported SFI.
To cooperate in the development of a conflict-of-interest management plan, if needed.

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

Signed: ____________________________ Date: ____________________________
(Print the completed form, sign it, and send it to the SPGM Office with any supporting documentation.)