

**NOVAN, INC. SFI DISCLOSURE FORM**

Investigator Name (Last, first, middle):	Work Phone:	Date of Disclosure:	Date FCOI Training Received:
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**Novan Inc. Employees continue to Parts 1, 2 and 3 of this form**

**Only non-Novan Investigators complete this section**

Employer's Name: \_\_\_\_\_

Choose one of the following two options and follow the instructions indicated for that option

I am employed by an institution with a Financial Conflict of Interest Policy that complies with PHS regulations. Choose one of the following two options.

I have disclosed my significant financial interests and the work scope for this project to the FCOI Designated Official at my institution and he/she has determined that I have no financial conflict with working on this project

**STOP AND SUBMIT THIS FORM TO grants@novan.com**

I have disclosed my significant financial interests and the work scope for this project to the FCOI Designated Official at my institution and he/she has determined that I may have a financial conflict with working on this project. The FCOI management plan prepared by this Official will be submitted separately.

**STOP AND SUBMIT THIS FORM TO grants@novan.com**

I am not employed by an institution with a compliant FCOI Policy and therefore agree to comply with Novans' Financial Conflict of Interest Policy, including completing the FCOI training identified by Novan and disclosing my significant financial interests to Novan.

**CONTINUE TO COMPLETE PARTS 1, 2 AND 3 OF THIS FORM.**

**Part 1. ASSETS**

For you, your spouse and your dependent children, identify assets with a fair market value of \$5,000 as of the date of disclosure. Assets include stocks, bonds, tax shelters, pensions, annuities, real estate, commodity futures, trades and business and partnership interests. Refer to the definitions below Part 3 for additional information

I do not have any assets requiring disclosure. **CONTINUE TO PART 2 OF THIS FORM.**

I disclose the following assets. **After completing this section, CONTINUE TO PART 2 OF THIS FORM.**

Name of asset	Asset belongs to (Employee, Spouse, Dependent Child, or combination)	(X) if no longer held	Asset Type (pension, stock, dividends, interest, real estate, capital gains)	Approximate value of the financial interest		
				\$5,000 - \$19,999 increments of \$5,000 (e.g. \$5,000 to \$10,000)	\$20,000 - \$100,000 Increments of \$20,000	\$100,000 and above by increments of \$50,000

**Part 2. SOURCES OF EARNED INCOME AND TRAVEL**

For you, your spouse and your dependent children, identify sources of earned income which generated over \$5,000 in income as of the date of the disclosure. Sources of Earned Income include salaries received from other than your current employer, fees, honoraria and travel. Refer to the definitions below Part 3 for additional information.

I do not have any sources of earned income or travel requiring disclosure. **CONTINUE TO PART 3 OF THIS FORM.**

I disclose the following sources of earned income or travel. **After completing this section, CONTINUE TO PART 3 OF THIS FORM.**

Name of Earned Income Source(s)	Income Recipient (Employee, Spouse, Dependent Child, or combination)	Income Type (salary, consulting fees, honoraria, etc.)	Approximate value of the financial interest		
			\$5,000 - \$19,999 increments of \$5,000 (e.g. \$5,000 to \$10,000)	\$20,000 - \$100,000 Increments of \$20,000	\$100,000 and above by increments of \$50,000
<b>For travel disclosures, please provide the following additional detail</b>					
Travel Sponsor	Destination	Duration	Purpose		

**Part 3**

**UPON COMPLETION OF THIS DISCLOSURE FORM, PLEASE EMAIL IT AS AN ATTACHMENT TO grants@novan.com. Submission of this form confirms your belief that all information provided is true, complete and accurate to the best of your knowledge.**