

Significant Financial Interest Disclosure

(Applicable to all PHS Sponsored Research Proposals)

Name: _____ **Title:** _____

Institution: _____

Address: _____

Phone: _____ **Email:** _____

Grant Proposal Title: _____

Role on the Grant (i.e., PI, Co-PI, post-doc, student, consultant, etc.): _____

I, _____, have received training from the Dean of Faculty regarding Harvey Mudd College's Financial Conflict of Interest (FCOI) Policy. I have reviewed the NIH Office of Extramural Research online FCOI tutorial, located on the NIH website:

<http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

I am disclosing the following significant financial interests as defined in 42 CFR Part 50, Subpart F. I am attaching supporting documentation that identifies the business enterprise or entity involved and the nature and amount of the interest:

- ☐ Salary or other payment for services (e.g., consulting fees or honoraria)
- ☐ Equity interests (e.g., stocks, stock options, or other ownership interests)
- ☐ Intellectual property rights (e.g., patents, copyrights, and royalties from such rights)
- ☐ Travel that is sponsored or reimbursed by an outside entity
- ☐ Other significant financial interest 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
- ☐ I have no significant financial interests associated with this project

Further I agree:

- To comply with all aspects of Harvey Mudd College's FCOI policy.
- That I will be notified if disclosure information is requested or required by any outside entity, including, but not limited to government agencies, auditors, or funding agencies.
- To update this disclosure during the period of the award, either on an annual basis or as new reportable significant financial interests are obtained. In the case of travel, the disclosure will occur no more than 30 days after the date of travel.
- To cooperate in the development of a plan to resolve any conflicts of interest.
- To comply with any conditions or restrictions imposed by the College to manage, reduce, or eliminate actual or potential conflicts of interests or to forfeit the award.

Signed: _____ **Date:** _____

(Investigator)

Authorized College Official:

I have reviewed the significant financial interest disclosure and believe that it will be possible to mitigate any actual or potential financial conflicts of interest; and, therefore, I recommend that that proposal be submitted to the agency at this time.

Signed: _____ **Date:** _____

(Dean of Faculty)