

**St. John's University**  
**Office of Grants and Sponsored Research**

**Financial Conflict of Interest Disclosure Form**

This form has been designed to aid in the implementation of the St. John's University's policy on "Financial Conflict of Interest on Grants, Contracts, & Sponsored Projects."

The University's Policy on Financial Conflicts of Interest was developed in response to regulations published by the National Science Foundation (NSF) and the U.S. Public Health Service (PHS) in 1994 and 1995. These regulations affect proposals submitted on or after October 1, 1995. Under this policy, a Financial Conflict of Interest Disclosure Form must be submitted by all persons who hold a key role in the performance of a project funded either directly or indirectly (e.g., subcontract) by any agency.

Effective August 24, 2012, in the case of investigators working on NIH grants, there is a more stringent requirement that the aggregate financial benefit cannot exceed \$5000 for the prior 12 month period for the investigator as well as family members or those living in the same household.

The NSF and the PHS have generally agreed that the following persons perform a key role or function and, therefore, must submit a Disclosure Form: the principal investigator or project director, all co-PI's or co-Pd's and any other person at the institution who is responsible for the design, conduct or reporting of research funded or proposed for funding.

Persons completing this form are expected to have read the referenced University Policy.

Separate Disclosure Forms must be completed for each person engaged in a key role on the proposed sponsored project.

Investigator Name:  
Department/School:

***Questions***

1. Do you, your spouse or child(ren) 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 sponsored program activity?

Yes.  No. If yes, please describe on a separate page the nature and extent of your affiliation.

2. Do you, your spouse or child(ren) have significant financial interest in a Sponsor, a vendor or (sub) contractor related to your sponsored program activity? Significant financial interest includes stock, stock options, and/or any other ownership interest valued at more than \$10,000 (\$5,000 for NIH grants) or 5% ownership.

Yes.  No. If yes, please describe on a separate page the nature and extent of your affiliation.

3. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your sponsored program activity?

Yes.  No. If yes, please describe on a separate page the nature and extent of your affiliation.

4. Are you submitting a proposal to the NIH or are you currently funded by the NIH?

Yes.  No. If yes to question 4, you certify that you are adhering to all the NIH requirements for FCOI including those outlined in the August 24, 2012 update and acknowledge the terms and conditions of the NIH Late Policy. The full details of this policy can be found in the SF424 or by request from OGSR. You understand and acknowledge that submission errors cannot be corrected after a stated NIH submission deadline and such errors will prevent the application from being accepted and reviewed by Grants.gov and NIH.

## Financial Conflict of Interest Disclosure Form

### Investigator Certification:

- I certify that I have read STJ's policy on Financial Conflict of Interest on Grants, Contracts, & Sponsored Projects.
- I certify that I made all required financial disclosures and that I will update those financial disclosures during the course of this grant if any circumstances regarding a conflict of interest change.
- (If the program leader, principal investigator or project director) I have made every effort to ensure that all *Reseachers* responsible for the design, conduct, or reporting of the research have submitted the required disclosures
- If a Resolution Plan is in place prior to requesting the expenditure of award funds, I will have reached an agreement with STJ (Memorandum of Understanding) that provides for any conditions or restrictions necessary to manage reduce, or elimatate any conflicts of interest under STJ policy.

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

Project Title

Sponsor

Special Notes (if any):

I have reviewed the above with the principal investigator.

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

Please type or print clearly. Note: *Italicized* words used on this form have been defined in the University's policy statement.