

First & Last Name		Subrecipient Institution	
Email		Phone	

A. Disclosure of Significant Financial Interest (SFI) for Financial or Fiduciary Relationships & Travel

Check the box if you **DO NOT HAVE ANY SIGNIFICANT FINANCIAL OR FIDUCIARY INTERESTS OR SPONSORED OR REIMBURSED TRAVEL** at present or in the preceding 12 months.
(if checked, skip to Part B – signature page)

If the Investigator has more than one relationship with an outside entity to disclose, then please replicate this page as needed. Please use one page per external entity. You may attach a statement if not enough space is provided. PLEASE SEE http://www.research.illinois.edu/coi/PHS_Financial_Disclosure.asp

1. **Name of entity:** _____ **(Federal Agency and US University funding is EXEMPT from disclosure)**

2. **Describe the financial relationship with the entity at present or in the 12 months preceding the date of this disclosure.**
(check all that apply and complete required disclosure information for each section)

- a. **Remuneration includes salary and any payment for services** (e.g. consulting fees, honoraria, paid authorship, or other supplemental income). If checked, indicate the level of financial interest (check one below):
 \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$19,999 \$20,000-\$100,000
 If greater specify: _____
 Value cannot be determined by reference to public prices or other reasonable measures of fair market value.
- b. **Equity interest includes any stock, stock option, or other ownership interest.** If checked, complete the section.
Total percent owned by you & family: _____%
Entity is: Publicly traded , Non-Publicly traded , N/A , explain:
If Publicly traded, indicate the present value of the equity (check one below):
 \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$19,999 \$20,000-\$100,000
 If greater specify: _____
 Value cannot be determined by reference to public prices or other reasonable measures of fair market value.
- c. **Intellectual property rights and interests** (e.g. patents not assigned to employer; licenses from the employer to the external entity; copyrights; royalties that are not paid by employer).
- d. **Fiduciary role** (e.g. executive role, a voting member of the board, even if unpaid)
- e. **Travel only** (if checked, complete question 3)
- f. **Other.** Describe: _____

3. **In the past 12 months, did the external entity reimburse or sponsor travel?** Yes (if yes, specify below) No (skip to Q4)
Purpose of the trip(s): _____
Destination(s): _____
Date(s): _____ Duration (total # of days): _____
Aggregate value of the travel expenses (check one below):
 \$0-4,999 \$5,000 - \$9,999 \$10,000 - \$19,999 \$20,000 - \$100,000
 If greater, specify amount: _____
 Value cannot be determined by reference to public prices or other reasonable measures of fair market value.
Please replicate this form as necessary to disclose additional travel.

4. **Describe how the financial interest is or may be related to Investigator's collaboration with UIUC.**

- The activities with the external entity are **not directly related** to Investigator's collaborative work with UIUC.
- Entity is or may be a sponsor of research related to the UIUC project.
- Entity's product(s) or service(s) is or may be utilized, tested, evaluated, or otherwise in the research.
- Entity does/will license University of Illinois or Subrecipient Institution intellectual property utilized, tested, evaluated or otherwise in the research.
- Entity sponsors/reimburses Investigator for travel related to Investigator's responsibilities as a Subrecipient under the project noted above.
- Other, describe (Please note here if your employing institution has determined this relationship constitutes a conflict of interest): _____

5. **Will the relationship continue into the next 12 months from the date of this disclosure?** Yes No
(continue to section B - signature page)

B. Investigator's Affirmation

I affirm that:

- The above information is true to the best of my knowledge.
- I have read the University of Illinois *Policy on Conflicts of Commitment and Interest*.
<http://research.uillinois.edu/coci/coci-policy>
- If the disclosed relationship with the external entity is determined by the University to be a Financial Conflict of Interest (FCOI) related to the research question of my sponsored research, then I must have a University conflict management plan approved by the University of Illinois prior to expenditure of funds related to the research project.

If research is funded by HHS or PHS, I understand that

- Prior to receiving HHS/PHS funds, I will complete the tutorial provided by the NIH at <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm> to fulfill the mandatory financial conflict of interest training as required by the University (42 CFR 50.605). Please print the certificate of completion and submit with this form.
- If a financial or fiduciary relationship changes during the funding period, I agree to update the **Subrecipient PHS Investigator Financial Interest Disclosure Form** within 30 days of acquiring or discovering a new or a change in any of my financial or fiduciary relationships.
- I must disclose all sponsored or reimbursed travel (42 CFR 50.605) within 30 days if not previously reported. I agree to update the **Subrecipient PHS Investigator Financial Interest Disclosure Form** within 30 days of the travel.
- At the time of the annual continuing review, I will submit the **Subrecipient PHS Investigator Financial Interest Disclosure Form** to OSPRA.
- The University is required to report all financial conflicts of interest (FCOIs) to the HHS/PHS funding agency or primary award institution (42 CFR 50.605).
- All HHS/PHS financial conflicts of interest for senior or key personnel are subject to the public disclosure requirements of the PHS regulation (42 CFR 50.605). The University of Illinois must provide written response to written requests within 5 business days of receipt of request. The Investigator will comply with any further requests for information or clarification from the University.

Identify the HHS/PHS research applicable to the investigator's disclosure:

Grant Number (for awarded projects, if available)	Project title or other Information	Illinois UIeRA # (e.g. 2012-01234, if available)

Investigator Signature: _____ Date: _____

C. Authorizing Organizational Approval/Certification

I certify that the information provided through this disclosure is true, complete and accurate to the best of my knowledge, and that I am the Authorized Organizational Official for my organization. My organization is knowledgeable about the PHS FCOI policy, and we are prepared to enter into any agreement requiring adherence to that policy.

Authorizing Official Signature: _____ Date: _____

Printed Name of Authorizing Official: _____

Email: _____

Phone: _____

Please send form with Certification of Financial Disclosure and Training to the Office of Sponsored Programs and Research Administration @ GCOaward@uillinois.edu

D. OVCR Review

- No financial or fiduciary relationships disclosed; or the financial interest does not meet the SFI threshold.
- The relationship disclosed represents a significant financial interest (SFI)
- The SFI disclosed may be reasonably related to the research question for studies specified below.
- The SFI is determined to be a Financial Conflict of Interest that requires additional management.
- The University is required to report the FCOI to the funding agency.