



Middlebury

PHS/NIH FCOI Disclosure Form

Per [policy](http://www.middlebury.edu/offices/support/grants/sro/policies/phs-fcoi): <http://www.middlebury.edu/offices/support/grants/sro/policies/phs-fcoi>

INITIAL Disclosure UPDATE

Name _____ Department _____

Project Role PD/PI Senior/Key Personnel Consultant Other _____

Project lead PD/PI _____ Project Period _____

Project Title _____

- Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a **Publicly-Traded Entity** that might reasonably appear to be related to your Institutional Responsibilities? (An SFI for publicly-traded entities exists if the value of any equity interest as of the date of disclosure combined with any remuneration in the past 12 months exceeds \$5,000.)
 No Yes If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.
- Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a **Privately-Held Entity** that might reasonably appear to be related to your Institutional Responsibilities? (An SFI for privately-held entities exists if the value of any remuneration in the past 12 months exceeds \$5,000, or when the Investigator or immediate family holds **any equity interest**.)
 No Yes If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.
- Have you or any member of your immediate family (spouse or partner and dependent children) received **any income** related to **intellectual property** rights and interests that might reasonably appear to be related to your Institutional Responsibilities? (Do not include any intellectual property that has been assigned to Middlebury.)
 No Yes If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.
- In the past 12 months have you undertaken any **travel** related to your Institutional Responsibilities that was either reimbursed or paid for by any individual or entity other than a Federal, state or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.
 No Yes If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the purpose of the trip, the name of the sponsor/organizer, and the destination, duration, and approximate monetary value.

CERTIFICATION BY INVESTIGATOR

- I have read and understand the [Middlebury PHS/NIH Financial Conflict of Interest Policy](#).
- To the best of my knowledge, I have made all required financial disclosures.
- I agree to comply with any conditions or restrictions imposed by Middlebury for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest in connection with this grant. If I am unable to comply, I understand that the College may decline the grant award or terminate the PHS-funded research program.

Check if applicable: **CERTIFICATION BY PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:**

The following people (or roles) meet the definition of Investigator for the above project, and I certify that they all will comply with the disclosure requirements of the Middlebury PHS/NIH Financial Conflict of Interest Policy:

Signature of Investigator _____ Date _____

IF YES ABOVE, CERTIFICATION BY INSTITUTIONAL OFFICIAL

No financial conflict of interest appears to exist.

PROPOSALS: A financial conflict of interest may exist. The proposal may be submitted, but if the grant is awarded, research may not begin until an approved management plan is in place and the sponsor has been notified.

UPDATES: A financial conflict of interest may exist. No research may go forward until an approved management plan is in place and the sponsor has been notified.

Signature of Provost (or designated official) _____ Date _____