

TROY UNIVERSITY™

Conflict of Interest Form Disclosure of Significant Financial Interests and Obligations

As part of its commitment to promoting objectivity in research and in compliance with applicable federal regulations, non-federal agency guidelines, and TROY University's Financial Conflicts of Interest (FCOI) policy, TROY University requires an Investigator to submit a conflict of interest disclosure form with the transmittal routing form and prior to submission of the proposal to ensure the design, conduct and reporting of sponsored program/project activity will not be biased by significant financial interests or obligations of any investigator. The completed form will be held in the grant file with the Sponsored Program Accounting Office and will be subject to audit and review annually.

For the purpose of this disclosure form, Investigator means any individual who is responsible for the design, conduct or reporting of PHS, NSF and other applicable sponsored research/programs, or proposals for such funding. This definition is not limited to those titled or budgeted as principal investigator or co-investigator on a particular proposal, and may include postdoctoral associates, senior scientists, or graduate students. This definition may also include collaborators or consultants as appropriate.

It is the responsibility of the Investigator to file a revised disclosure form with Sponsored Program Accounting annually or within thirty days of discovering or acquiring a material change in the significant financial interests or obligations previously disclosed.

The Disclosure of Significant Financial Interests and Obligations ("disclosure form") is a two-section form. All Investigators meeting the definition referenced above must complete Section I of the disclosure form. If any answer to section I is "yes", Section II of the disclosure form must also be completed. The completed and signed disclosure form should be included with the sponsored proposal/application routing packet.

Proposals and/or applications for externally sponsored funding will not be submitted until all required disclosure forms have been completed, signed by all Investigators, and submitted to the Office of Sponsored Programs for inclusion in the proposal/application packet. Compliance with this requirement is also a prerequisite of acceptance by TROY University of a PHS, NSF, or other externally sponsored grant or contract award. Completion and submission of disclosure forms satisfies the requirements of the Department of Health and Human Services/ Public Health Services (PHS), the National Science Foundation (NSF), 42 CFR 50 Subpart F and 45 CFR 94, and TROY University's Financial Conflict of Interest policy found at <https://www.troy.edu/epolicy/500-grants-research.html>

Completed and signed disclosure forms will be maintained in the applicable grant file and reviewed periodically by the Sponsored Program Accounting Office. Should a Significant Financial Interest (SFI) be identified within the disclosure form either pre or post award, the Sponsored Program Accounting Office will request a review by the appropriate supervisors/administrators who will then provide a recommendation for management of the conflict. This recommendation will be submitted to the Senior Vice Chancellor for Financial Affairs & Online Education for consideration and approved by the Chancellor. Questions concerning any research-related disclosure should be addressed to Sponsored Program Accounting.

Conflict of Interest Form

Disclosure of Significant Financial Interests and Obligations

Section I

All TROY University Investigators seeking external sponsored funding or providing support which meets the definition of Investigator will be required to complete and sign this form. In the pre-award stage, the completed form(s) must be included with the transmittal form for known investigators before the proposal/application will be submitted.

Instructions: Place a check in the appropriate column for each question. Once every question is answered, the Investigator must certify the information by signing the bottom of the form.

Investigator Name: _____

Department: _____

Sponsor: _____

Project/Program Title: _____

| Questions | Yes | No |
|--|-----|----|
| Do you or your immediate family member 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 proposed sponsored program activity? | | |
| <p>Do you or your immediate family member (specifically, your dependent children, spouse or domestic partner) have a Significant Financial Interest (SFI) in a Sponsor, vendor or (sub) contractor related to your proposed sponsored program activity?</p> <p><i>Significant Financial Interest</i> includes payments (such as salary, consulting fees, honoraria and gifts) stock, stock options, and/or any other ownership interest valued at more than \$5,000 or 5% ownership and/or a Financial Interest that:</p> <ul style="list-style-type: none"> a) If with a publicly traded entity, the aggregate value of any salary or other payments for services received during the 12-month period preceding the disclosure, and the value of any equity interest during the 12-month period preceding or as of the date of disclosure, exceeds \$5,000; or b) If with a non-publicly traded entity, the aggregated value of any salary or other payments for services received during the 12-month period preceding the disclosure exceeds \$5,000; or c) If with a non-publicly-traded company, is an equity interest of any value during the 12-month period preceding or as of the date of disclosure; or d) Is income exceeding \$5,000 related to intellectual property rights and interests not reimbursed through the University, or e) Reimbursed or sponsored travel related to your university responsibilities (teaching, research, academic advising, etc.,) excluding travel reimbursed or sponsored by U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers | | |
| Could the value of your or your immediate family's Significant Financial Interest reasonably affect the outcome of the proposed sponsored research/activity? | | |

If you answered "YES" to ANY question above, please complete a separate Section II for EVERY organization with which you have indicated a Significant Financial Interest above. Return all completed forms to Sponsored Program Accounting and notify your immediate supervisor.

Investigator Certification:

By signing below, I acknowledge the following to be accurate and truthful to the best of my knowledge:

I have read and understood TROY University's Financial Conflict of Interest Policy.

I have read and understood the Disclosure of Significant Financial Interests and Obligations form.

I understand it is my responsibility to notify the Sponsored Program Accounting Office within thirty days if my answers to any of the questions above change and/or when identify a Significant Financial Interest with the sponsor and/or related to the project/program title referenced above.

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____

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Disclosure of Significant Financial Interest and Obligations

Section II

Complete Section II *only if you answered, "YES"* to at least one of the questions in Section I.

Please provide as much detail as is available for each of the questions below.

Investigator's Name: _____

1. Name of the organization/individual that you or your immediate family (as defined in Section I) have a Significant Financial Interest with:

2. Type of Significant Financial Interest with the organization/individual (check all that apply):

| | |
|------------------------|------------------------|
| Consultant | Employee |
| Equity Interest | Recipient of Honoraria |
| Recipient of Royalties | Other (Describe): |

3. The Significant Financial Interest is between the organization and (check all that apply):

| | |
|-------------------------|--|
| Self | |
| Immediate Family Member | |

4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments from the Organization/Individual named in Item 1 that when aggregated with payments from this same Organization/Individual to your immediate family member(s) will exceed \$5,000?

| | |
|-----|----|
| Yes | No |
|-----|----|

5. Have you or your immediate family member had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interest in the Organization named in Item 1 above which, when aggregated, have a fair market value exceeding \$5,000 or have or will have an ownership interest of 5% or more in the organization?

| | |
|-----|----|
| Yes | No |
|-----|----|

6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research or proposed sponsored activity?

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____