

# FCOI Attestation Form

Office of Grants and Contracts  
[grants@siumed.edu](mailto:grants@siumed.edu)

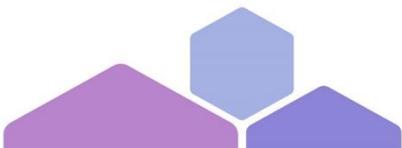


**SIU** MEDICINE  
FORWARD. FOR YOU.

# FCOI ATTESTATION FORM



- All faculty and staff named on a federal grant must complete **prior to** submission.
- Investigator is defined as project director or principal investigator, and any other person, regardless of title or position, who is responsible for “the design, conduct, or reporting of research”.
- Attestation responses relate to investigator, the investigator’s spouse, and dependent children.
- **Resources:**
  - [SIU SOM Financial Conflict of Interest Policy](#)
  - [NIH FCOI FAQs](#)
  - [42 CFR 50 Subpart F](#)
  - [45 CFR 94](#)



# SIUSOM FCOI ATTESTATION FORM

## Financial Conflict of Interest on Grants: Disclosure Statement

This form must be completed prior to submission of a proposal for external research support and for research projects where the funding agency requires a disclosure by all personnel who are responsible for the design, conduct, or reporting of project activities. If you answer "yes" to any question below, you are encouraged to provide further information in a separate document. Please complete the form and submit to [grants@siumed.edu](mailto:grants@siumed.edu) prior to submission of the grant proposal.

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Project SIUSOM PI: \_\_\_\_\_ PI Department: \_\_\_\_\_  
Proposal Deadline: \_\_\_\_\_ Funding Agency: \_\_\_\_\_  
Proposal Title: \_\_\_\_\_

This Financial Conflict of Interest on Grants Disclosure Statement is to be completed in compliance with *SIU School of Medicine's Financial Conflict of Interest on Federal Grants Policy*. Answering "yes" to any of the following questions does not mean the financial interest is inappropriate or improper. However, disclosure and evaluation, and in some cases, approval and oversight, are required. All thresholds listed below are an aggregate for the investigator, his/her spouse or domestic partner, and dependent children. These questions apply to companies that could reasonably appear to be related to the proposed research.

### 1. Financial Interest in Publicly Traded Companies

YES  NO

Over the past 12 months, have you received income or obtained other financial interest in excess of \$5,000 from a publicly traded company that is in any way related to or that might be affected by your proposed research activities?

### 2. Financial Income from Non-Publicly Traded Companies

YES  NO

Over the past 12 months, have you received income in excess of \$5,000 from a non-publicly traded company that is in any way related to or that might be affected by your proposed research activities?

### 3. Equity Interests in Non-Publicly Traded Companies

YES  NO

Over the past 12 months, have you held any equity interest in a non-publicly traded company that is in any way related to or that might be affected by your proposed research activities?

### 4. Intellectual Property

YES  NO

Have you ever received any income from intellectual property rights and interests from any companies in any way related to or that might be affected by your proposed research activities?

### 5. SBIR/STTR Phase II

YES  NO

Have you ever held any equity interest in a SBIR/STTR Phase II funded company that is in any way related to or that might be affected by your proposed research activities?

### 6. Paid Travel by Companies

YES  NO

Over the past 12 months, have you participated in sponsored travel that has been paid for or reimbursed by any entity other than a U.S. federal, state, or local government, an institution of higher education, an academic teaching hospital, a medical center, or a research institute associated with an institution of higher education?

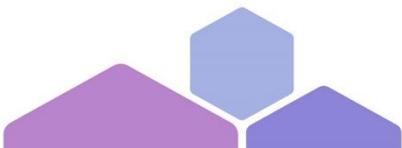
**Investigator Statement:** I have read and understand SIU School of Medicine's Financial Conflict of Interest on Federal Grants Policy and have made all required financial interest disclosures; will submit a proposal for a Conflict of Interest Management Plan if necessary; and will comply with any conditions or restrictions imposed by SIUSOM to eliminate, reduce, or manage conflicts of interest regarding my research.

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

# FINANCIAL INTEREST IN PUBLICLY TRADED COMPANIES



- Over the past 12 months, have you received income or obtained other financial interest in excess of \$5,000 from a **publicly traded company** that is in any way related to or that might be affected by your proposed research activities?
  - This includes salary, any payment for services not otherwise identified as salary (consulting fees, honoraria, paid authorship, etc.)
  - Equity includes any stock, stock option, or other ownership interest, as determined through public prices or other reasonable measures of fair market value



# FINANCIAL INCOME FROM NON-PUBLICLY TRADED COMPANIES



- Over the past 12 months, have you received income in excess of \$5,000 from a **non-publicly traded company** that is in any way related to or that might be affected by your proposed research activities?
  - This includes salary, any payment for services not otherwise identified as salary (consulting fees, honoraria, paid authorship, etc.)
  - Equity includes any stock, stock option, or other ownership interest, as determined through public prices or other reasonable measures of fair market value



# EQUITY INTERESTS IN NON-PUBLICLY TRADED COMPANIES

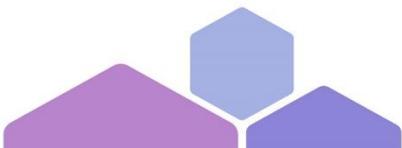


- Over the past 12 months, have you held **any equity interest in a non-publicly traded company** that is in any way related to or that might be affected by your proposed research activities?
    - Applies even if current value of the equity is \$0 or if numeration cannot be readily discerned
- 

# INTELLECTUAL PROPERTY



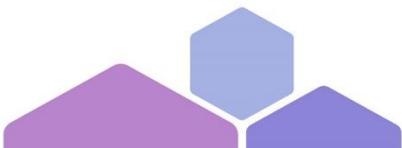
- Have you ever received **any income from intellectual property rights and interests from any companies** in any way related to or that might be affected by your proposed research activities?
  - Intellectual property rights assigned to the Institution (SIU or SIU School of Medicine) and agreements to share in royalties related to licensed intellectual property are excluded.



# SBIR/STTR PHASE II



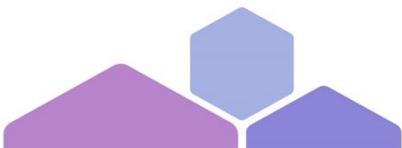
- Have you ever held **any equity interest in a SBIR/STTR Phase II funded company** that is in any way related to or that might be affected by your proposed research activities?
  - Regulations do not apply to Phase I SBIR/STTRs



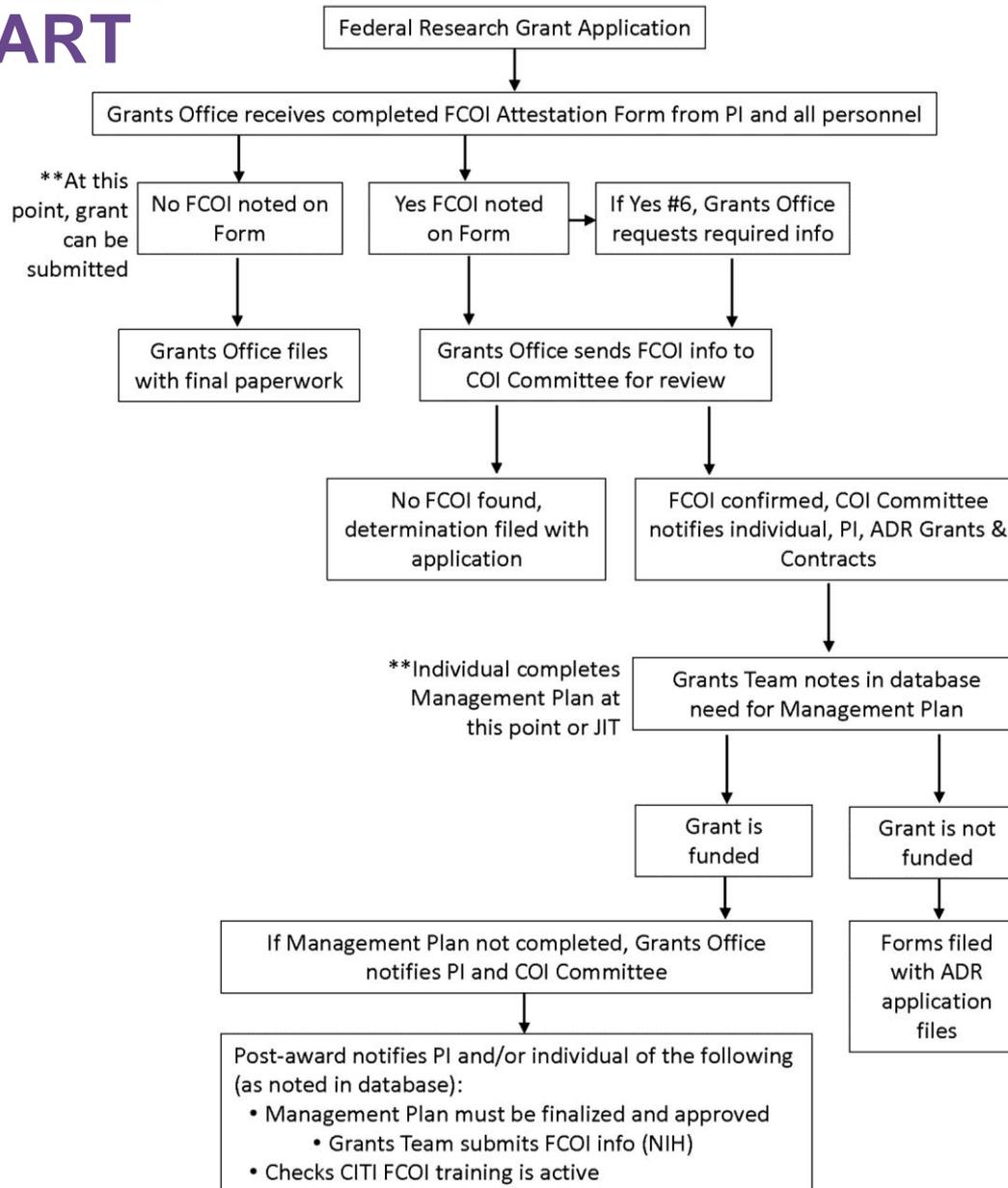
# PAID TRAVEL BY COMPANIES



- Over the past 12 months, have you participated in **sponsored travel** that has been paid for or reimbursed by **any entity other than** a U.S. federal, state, or local government, an institution of higher education, an academic teaching hospital, a medical center, or a research institute associated with an institution of higher education?
  - Includes expenses paid for on behalf of the investigator, so that the exact monetary amount may not be readily available
  - If you answer YES, it is mandatory to provide, at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration. The Grants Office will contact you to obtain this information.
  - **Any travel paid by foreign institutions of education or research must be reported.**



# FCOI FORM FLOWCHART



# QUESTIONS? CONCERNS?



Grants & Contracts Office

[grants@siumed.edu](mailto:grants@siumed.edu)

Office of Compliance

[coiadministration@siumed.edu](mailto:coiadministration@siumed.edu)

