FCOI Attestation Form

Office of Grants and Contracts
grants@siumed.edu
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@siu.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
   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?

   YES  NO

2. 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?

   YES  NO

3. 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?

   YES  NO

4. 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?

   YES  NO

5. 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?

   YES  NO

6. 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?

   YES  NO

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
• 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.
• 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

Federal Research Grant Application

Grants Office receives completed FCOI Attestation Form from PI and all personnel

**At this point, grant can be submitted**

No FCOI noted on Form  Yes FCOI noted on Form  If Yes #6, Grants Office requests required info

Grants Office files with final paperwork  Grants Office sends FCOI info to COI Committee for review

No FCOI found, determination filed with application  FCOI confirmed, COI Committee notifies individual, PI, ADR Grants & Contracts

**Individual completes Management Plan at this point or JIT**

Grants Team notes in database need for Management Plan

Grant is funded  Grant is not funded

If Management Plan not completed, Grants Office notifies PI and COI Committee

Post-award notifies PI and/or individual of the following (as noted in database):

- Management Plan must be finalized and approved
- Grants Team submits FCOI info (NIH)
- Checks CITI FCOI training is active

Forms filed with ADR application files
QUESTIONS? CONCERNS?

Grants & Contracts Office
grants@siumed.edu

Office of Compliance
coiadministration@siumed.edu