

COLGATE UNIVERSITY
PHS/NIH FCOI Disclosure Form

Name _____ Department _____

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

Project lead PD/PI _____ Project Period _____

Project Title _____

1. Do you or any member of your immediate family (spouse or domestic 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 as defined in the PHS/NIH Financial Conflict of Interest Policy? (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 Attach a separate sheet with the name of the entity, nature of the interest, value and any documentation.
2. Do you or any member of your immediate family (spouse or domestic 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 as defined in the PHS/NIH Financial Conflict of Interest Policy? (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 Attach a separate sheet with the name of the entity, nature of the interest, value and any documentation.
3. Have you or any member of your immediate family (spouse or domestic 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 as defined in the PHS/NIH Financial Conflict of Interest Policy? (Do not include any intellectual property that has been assigned to Colgate University.)
 No
 Yes Attach a separate sheet with the name of the entity, nature of the interest, value and any documentation.
4. In the past 12 months have you undertaken any **travel** related to your Institutional Responsibilities as defined in the PHS/NIH Financial Conflict of Interest Policy 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 Attach a separate sheet with the purpose of the trip, name of the sponsor/organizer, destination, duration and approximate monetary value.

CERTIFICATION BY INVESTIGATOR

- A. I have read and understand the Colgate University PHS/NIH Financial Conflict of Interest Policy. [link here]
- B. To the best of my knowledge, I have made all required financial disclosures.
- C. I agree to comply with any conditions or restrictions imposed by Colgate University 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 University may decline the grant award.

Signature of Investigator _____ Date _____

CERTIFICATION BY ASSOCIATE PROVOST

- No financial conflict of interest appears to exist.
 A financial conflict of interest may exist. My recommendation for management is attached.

Signature of Associate Provost _____ Date _____