University of the Incarnate Word

Significant Financial Interests Disclosure Form

Completion of this form is mandatory for all Investigators on proposals to the Public Health Service (PHS) agencies, the National Science Foundation (NSF), and other agencies that require a Financial Conflict of Interest Disclosure. This information is required to comply with the University of the Incarnate Word's Financial Conflict of Interest Policy and applicable federal regulations regarding disclosure of any financial interests that reasonably appear to be related to the Investigator's Institutional Responsibilities. For more information and definitions of key terms see the UIW Financial Conflict of Interest Policy at http://www.uiw.edu/orgs/documents/fcoi-policy.pdf or contact Ana Hagendorf at (210) 805-3036 or wandless@uiwtx.edu.

Please submit this form and all related documents to Ana Hagendorf, Office of Research and Sponsored Projects Operations, 4301 Broadway CPO 1216, San Antonio, TX 78209 or wandless@uiwtx.edu

Principal Investigator:

Last Name		First Name		MI	
Email		Phone Number			
Department		Project Beginning and End Date			
Proposal/Project Title:					

Disclosures and Certification

A. Principal Investigator:

The lead Principal Investigator on a proposed PHS or NSF application for funding is responsible for obtaining this disclosure form for all participating Investigators. The Principal Investigator certifies that this form provides (1) a complete disclosure of all this investigators responsible for the design, conduct, or reporting of activities associated with this project, and (2) an accurate report of whether or not there are any Significant Financial Interests related to the Investigators' Institutional Responsibilities. The Principal Investigator agrees to update this form as needed during the project award period.

Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator's Institutional Responsibilities?

☐ No ☐ Yes, the Detailed Disclosure Form with Section I completed is included with this Certification *

Do you, your spouse/domestic partner or dependent children have any Travel related Significant Final Interests to disclose?*

☐ No ☐ Yes, the Detailed Disclosure Form with Section II completed is included with this Certification*

Will Non-University Investigators be responsible, with the PI or Additional University Investigators, for the design, conduct or reporting of the activities associated with the project (e.g. subcontractors, consultants, collaborators, others with significant responsibilities)?

☐ No ☐ Yes, I have included their names in Section C of this form

Signature of Principal Investigator Date

Name of Principal Investigator (Please type or print information) Title

B. Additional University Investigators:

By signing below, each University Co-Investigator on this project (1) certifies that this form provides an accurate report of whether or not there are any Significant Financial Interests related to their Institutional Responsibilities, and (2) acknowledges their responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to their Institutional Responsibilities prior to award receipt, as those interests change, and on an annual basis during the project award period. If there are more than two Additional University Investigators on this project attach additional Certification and Detailed Disclosure forms for each.

***Additional University Investigator #1**:*
Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator's Institutional Responsibilities?

☐ No ☐ Yes, the Detailed Disclosure Form is submitted with this Certification*

Signature of Investigator Date

Name and Title of Investigator (Please type or print information)

Additional University Investigator #2:
Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator's Institutional Responsibilities?

☐ No ☐ Yes, the Detailed Disclosure Form is submitted with this Certification*

_____
Signature of Investigator Date

_____
Name and Title of Investigator (Please type or print information)

C. Non-University Investigators: (to be completed if the corresponding question in Section A is checked "yes")

The University must take reasonable steps to ensure that non-university investigators comply with a PHS-compliant financial conflict of interest policy by one of the following methods:

- Confirming that the non-university investigator's institution is listed in the Federal Demonstration Project (FDP) FCOI Clearinghouse; or
- Documenting that the non-university investigator's institution has a financial conflict of interest policy that complies with the regulation; or
- Requiring the non-university investigator to follow the financial conflict of interest policy of the Institution.

Please provide the names of these Investigators and their affiliations to ensure the University receives the required information.

1. ***Name:*** _____ ***Affiliation:*** _____
2. ***Name:*** _____ ***Affiliation:*** _____
3. ***Name:*** _____ ***Affiliation:*** _____

** Detailed Disclosure Forms may be submitted in separate sealed envelopes.*

University of the Incarnate Word

Investigator's Detailed Disclosure Form

Investigator's Name: _____

Please list all of Investigator's Significant Financial Interests (and those of the Investigator's spouse/domestic partner and dependent children) that reasonably appear to be related to the Investigator's Institutional Responsibilities.

I. Significant Financial Interests

For each Significant Financial Interest, Investigator(s) must provide the following information (use additional copies of the page as needed):

Entity 1.
Name of entity: _____

Nature of financial interest: _____ (e.g., equity, consulting fee) *Please provide a copy of any applicable consulting agreement or stock purchase agreement*.

Describe the monetary value of the financial interest: _____
(No value is needed for equity interests of privately-held entities. Estimate the approximate value if the exact value is not readily available)

II. Travel

Each Investigator must disclose the following travel related Significant Financial Interests:

During the past 12 months did you receive a payment (either as an advance or a reimbursement) for travel (this includes transportation, lodging, and meals) from either a for-profit organization or a non-university non-profit organization, or were the costs of travel (alone or together with lodging and/or meals) paid directly for you by any such organization? (Excluded from non-university non-profit organizations are federal, state or local government agencies.)

☐ ***NO*** ☐***YES*** If yes, state the following for each (use additional copies of this page as needed):

Entity 1.
Name of sponsoring organization: _____

Purpose of the trip: _____

Destination and duration: _____

Describe the monetary value of the travel expenses: _____
If the travel is not reimbursed directly and the exact value is not readily available estimate the approximate value

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This form and any related attachments, once completed, contain confidential personnel information, and shall be treated as sensitive and any company proprietary or confidential information shall be likewise treated with care.

For more information see: UIW FCOI Policy at http://www.uiw.edu/orgs/documents/fcoi-policy.pdf or contact Ana Hagendorf at (210)805-3036 or wandless@uiwtx.edu.

Retention of Information: Three (3) years after termination of sponsored project or until resolution of any action by the sponsor, whichever is greater.