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 www.uiwx.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

| Last Name First Name Phone Number Department Project Beginning and End Date Proposal/Project Title: Disclosures and Certification A Principal Investigator certifies that this form provides (1) a completed disclosure of all this investigators responsible for the design, conduct, or reporting activities associated with this project, and (2) an accurate report of whether or not there are any Significant Final Interests related to the Investigator's 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 Final 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 Piror Additional University Investigators, for the design, conduct or reporting of the activities associate 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 Investigators: By signing below, each University Investigators in 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 provide a complete disclosure of all Significant Financial Interests related to their Institutional Responsibilities for to award receipt, as those interests change, and on an annual basis during the project award receipt, as those interests change, and on an annual basis during the project award receipt, as | Principal Inve | | monio, 1x 70203 or wandless | swarwtx.edu | | |
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| Disclosures and Certification A. Principal Investigator: Disclosures and Certification A. Principal Investigator on a proposed PHS or NSF application for funding is responsible for obtaining this disclosure form for all participating Investigator The Principal Investigator certifies that this form provides (1) a complete disclosure of all this investigators responsible for the design, conduct, or reporting activities associated with this project, and (2) an accurate report of whether or not there are any Significant Financial Interests related to the Investigator 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* 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 Investigators: Signature of Principal Investigator (Please type or print information) Title B. Additional University Investigator (Please type or print information) Title B. Additional University Investigator #1: Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator #1: Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator 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? | | Email | | Phone Number | · | |
| 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 Investigator The Principal Investigator certifies that this form provides (1) a complete disclosure of all this investigators responsible for the design, conduct, or reporting activities associated with this project, and (2) an accurate report of whether or not there are any Significant Financial Interests related to the Investigator 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* 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)? Name of Principal Investigator Signature of Principal Investigator or These stype 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 the Institutional Responsibilities project award receipt, as those interests change, and on an annual basis during the project award receipt, as the series of the activities and on an annual basis during the project award receipt, as the activate and on an annual basis during the project award receipt, as the activate and on an annual basis during the project award receipt, as the activation and Detailed Disclosure forms for each. Additional University Investigator #1: | Depar | tment | Project Beginn | ing and End Date | | |
| A. PrincipalInvestigator: The lead Principal Investigator on a proposed PHS or NSF application for funding is responsible for obtaining this disclosure form for all participating Investigator The Principal Investigator certifies that this form provides (1) a complete disclosure of all this investigators responsible for the design, conduct, or reporting activities associated with this project, and (2) an accurate report of whether or not there are any Significant Financial Interests related to the Investigator 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* 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)? Name of Principal Investigator Signature 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 related to their Institutional Responsibilities prior to award receipt, as those interests change, and on an annual basis during the project awa 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, you | Proposal/Project | : Title: | | | | |
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| | By signing below, Financial Interests Interests reasonab period. If there are Additional Univer Do you, your spot | each University Co-Investigator on this properties of their Institutional Responsibilities by related to their Institutional Responsibilities more than two Additional University Investity Investity Investity Investigator #1: use/domestic partner or dependent children | es, and (2) acknowledges their resp lities prior to award receipt, as those stigators on this project attach addi en have any Significant Financial In | onsibility to provide a co e interests change, and itional Certification and | omplete disclosure of all S on an annual basis durin Detailed Disclosure form | Significant Financial ig the project award is for each. |
| Signature of Investigator Date | | Signature of Investigator | | Date | | |

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

| | ☐ No | ☐ Yes, the Detailed Disclosure Form is subn | nitted with this Certification* | |
|----------|-------------------------|--|---|--|
| | | Signature of Investigator | Date | |
| | | Name and Title of Investigator (Please type of | or print information) | |
| c. Nor | n-Unive | rsity Investigators: (to be completed if the | corresponding question in Section A is checked "yes") | |
| | versity mu wing meth | | versity investigators comply with a PHS-compliant financia | al conflict of interest policy by one of |
| • | Confirm | ing that the non-university investigator's instituti | ion is listed in the Federal Demonstration Project (FDP) F | COI Clearinghouse; or |
| • | Docume | enting that the non-university investigator's instit | tution has a financial conflict of interest policy that complie | s with the regulation; or |
| • | Requirir | ng the non-university investigator to follow the fi | nancial conflict of interest policy of the Institution. | |
| Please p | provide the | e names of these Investigators and their affiliation | ons to ensure the University receives the required information | tion. |
| 1. | Name:_ | | Affiliation: | |
| 2. | Name:_ | | Affiliation: | |
| 3. | Name: | | Affiliation: | |

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

Additional University Investigator #2:

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

University of the Incarnate Word

Investigator's Detailed Disclosure Form

| 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: 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.) | Investigator's Name: |
|---|--|
| 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: 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- | Please list all of Investigator's Significant Financial Interests (and those of the Investigator's spouse/domestic partner an dependent children) that reasonably appear to be related to the Investigator's Institutional Responsibilities. |
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| Nature of financial interest: | |
| Describe the monetary value of the financial interest: | |
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| 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- | (No value is needed for equity interests of privately-held entities. Estimate the approximate value if the exact value is not readily |
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| | 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- |
| ■ NO □YES If yes, state the following for each (use additional copies of this page as needed): | ■ NO □YES If yes, state the following for each (use additional copies of this page as needed): |
| Entity 1. Name of sponsoring organization: | Entity 1. Name of sponsoring organization: |
| Purpose of the trip: | Purpose of the trip: |
| Destination and duration: | Destination and duration: |
| Describe the monetary value of the travel expenses: | Describe the monetary value of the travel expenses: |
| 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. | |

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

3036 or wandless@uiwtx.edu.

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