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| **INDEPENDENT CONTRACTOR SUBRECIPIENT FCOI DISCLOSURE FORM**  |

Many sponsors require that the University of Virginia (referred as to VIRGINIA or PTE) determine if a subrecipient institution representing an “investigator” has a compliant financial conflict of interest (FCOI) policy, and requires the subrecipient to disclose information should a FCOI be present. These sponsors include the United States Public Health Service (PHS), which includes the National Institutes of Health (NIH) and other agencies, the National Science Foundation (NSF), and others (for a current list of non-PHS Agencies adhering to PHS’s FCOI policy go to: http://sites.nationalacademies.org/PGA/fdp/PGA\_070596). The term “investigator” means any person on behalf of the subrecipient who is responsible for the design, conduct, or reporting of research or educational activities funded or proposed for funding by that sponsor, including a consultant or collaborator, as applicable. The following information is requested to ensure compliance with the requirements.

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| **Subrecipient Information** | **Sponsor & UVA Information** |
| **Subrecipient’s Legal Name:** **Address:****Name of Investigator:** | **Sponsoring Agency:****Project Title**:**Sponsor’s Identification Number for the Project:** **Name of UVA PI:**  |

**CONFLICT OF INTEREST (CHECK APPLICABLE BOX)**

☐ Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the Public Health Service (PHS) provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94. The investigator responsible for the design, conduct or reporting of research for the proposal has made the required disclosures in accordance with the subrecipient's policy. Subrecipient shall report any financial conflict of interest to UVA’s designated representative through the VPR Office. Such report shall be made before expenditure of funds authorized by the sponsor and within 30 days of any subsequently identified financial conflict of interest.

☐ **Yes** ☐ **No** Subrecipient is registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse: <http://sites.nationalacademies.org/PGA/fdp/PGA_070596>.

☐ Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the National Science Foundation’s (NSF) policy on conflicts of interest, and each individual responsible for the design, conduct or reporting of research for the proposal have made the required disclosures to the subrecipient’s institutional official in accordance with the subrecipient's policy. Subrecipient shall report any financial conflict of interest to UVA’s designated representative through the VPR Office. Such report shall be made before expenditure of funds authorized by the sponsor and within 30 days of any subsequently identified financial conflict of interest.

☐ Subrecipient **HAS NOT** implemented a written policy of financial conflict of interest compliant with PHS provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94 or NSF’s requirement, as applicable. Subrecipient will complete the attached UVA Financial Conflict of Interest Disclosure Form and return them to the appropriate office indicated below at the following times:

* No later than at the time of application for funded research and before funds can be released;
* Within 30 days of discovering or acquiring a new Significant Financial Interest;
* At least annually during the period of the award.

**DEBARMENT AND SUSPENSION**

☐ Is the investigator proposed to participate in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal dept., agency, assistance programs or activities?

☐ Yes (If “Yes”, explain in below) ☐ No

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| **Signature** **of Independent Contractor** |

Signature of Subrecipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return the completed form(s) to Dave Hudson (****dhudson@virginia.edu****).**

**Note that for PHS funding (including sponsors that have adopted the PHS FCOI rules**. (For a current list of non-PHS Agencies adhering to PHS’s FCOI policy go to: http://sites.nationalacademies.org/PGA/fdp/PGA\_070596). **) all investigators must complete training on Financial Conflicts of Interest. This training is provided by CITI, and can be taken online by registering at the following website:** [**https://www.citiprogram.org/**](https://www.citiprogram.org/)

**NSF does not require that investigators complete training, but UVA recommends this training to all subrecipients.**

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| **INDEPENDENT CONTRACTOR SUBRECIPIENT FCOI DISCLOSURE FORM****To Be Completed and Signed By the Investigator**  |
| **SIGNFICANT FINANCIAL INTERESTS** For you the investigator, your spouse/partner and dependent children, identify significant financial interests (SFI) that are reasonably related to the sponsored research, and meet any of the following criteria: (A) any remuneration received from an external entity at present or in the 12 months preceding the disclosure that totals or exceeds $5,000 (the $5,000 threshold applies to salary, royalties, and other payments aggregated for the individual, one’s spouse/ partner and dependent children); (B) publicly-traded equity if the value of the equity (plus any remuneration) meets or exceeds $5,000; (C) any level of ownership of privately-held equity regardless of the dollar value.You do not need to disclose any financial interests from your employer, from a U.S. Federal, state or local government agency, from a U.S. institution of higher education, a U.S. academic teaching hospital, medical center, or a U.S. research institute affiliated with a U.S. Institution of higher education. Refer to the full definition in the following page for additional information |
| ☐ I do not have any SFI (proceed to and complete certification section below) |
| ☐ I disclose the following SFI (complete the table below and complete certification section below |
| **Name:**  I**nstitution:** | **Mail Address:** **Telephone Number:****Email Address:** |
|  |  |  | **Approximate value of the financial interest** |
| Identify the source of the SFI  | Identify the Recipient (Investigator, Spouse/Partner,Dependent Child, or combination) | Identify the SFI Type (e.g., salary, royalty, equity, stocks,consulting fees, honoraria, etc.) | $5,000 - $19,999 increments of $5,000 (e.g. $5,000 to $10,000) | $20,000 -$100,000 Increments of $20,000 | $100,000 and above by increments of $50,000 |
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| **SPONSORED/REIMBURSED TRAVEL** **Provide the Following Fields Below (refer to the FAQs on the following page for additional information)** |
| **Sponsor** | **Destination** | **Start / End Date** | **Purpose** |
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Prior to submitting this form, please review your entries for accuracy then sign and date the form.

**Certification:** By signing this form, as the investigator, I certify that the above entries are true and complete to the best of my knowledge and belief, and that I have reviewed UVA’s FCOI policy (<http://uvapolicy.virginia.edu/policy/RES-005>) and have completed the CITI training. I understand and agree that it is my responsibility to update this information promptly if my personal or financial interests related to this study’s research activities change and at least annually during the period of the award. I understand and agree with the sponsored travel requirement as outlined in the documents. I will report qualified sponsored travel to UVA within 30 days of the conclusion of the trip.

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Name (Please Print) Signature Date (MM/DD/YYYY

**SIGNIFICANT FINANCIAL INTEREST (SFI)**

**Significant Financial Interest**:

Anything of monetary value that meets any of the following criteria (when combined for you, your spouse or partner and/or your dependent children):

* Income >$5,000 (U.S. dollars) over the past 12 months, including salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship, royalties);
* As of the date of disclosure, any combination of income and equity in a publicly traded company >$5,000 (U.S. dollars) (equity is any stock, stock option, or other ownership interest, whether or not the value can be determined through reference to public prices or other reasonable measures of fair market value);
* Any equity interest in a non-publicly traded company, i.e. a privately owned company (equity is any stock, stock option, or other ownership interest, whether or not the value can be determined through reference to public prices or other reasonable measures of fair market value);
* Income >$5,000 (U.S. dollars) for intellectual property rights (e.g. royalties, licensing fees, etc.)

**Significant Financial Interest does NOT include:**

* Financial interests or activities that do not relate to your academic or professional work at your employer organization;
* Salary support received through your organization or salary support through your organization’s administered sponsored awards;
* Income from investment vehicles, such as mutual funds and retirement accounts, as long as you do not directly control the investment decisions made in these vehicles;
* Income from seminars, lectures and teaching engagements sponsored by U.S. Federal, state or local government agencies; U.S. Institutions of higher education or U.S. research institutes; U.S. academic teaching hospitals or U.S. medical centers that are affiliated with U.S. Institutions of higher education;
* Income from service on advisory committees or review panels for U.S. Federal, state or local government agencies; U.S. Institutions of higher education or U.S. research institutes; U.S. academic teaching hospitals or U.S. medical centers that are affiliated with U.S. Institutions of higher education.

**SPONSORED TRAVEL FAQS**

You are NOT required to disclose travel expenses if you are NOT responsible for the design, conduct or reporting of research funded by the Public Health Service (PHS) or other agencies/sponsors that have adopted the PHS regulations (including NIH). **This reporting requirement does not apply to NSF awards.**

You must disclose third party paid travel related to your institutional responsibilities If you ARE responsible for the design, conduct or reporting of research funded by the PHS (or other agencies/sponsors that have adopted the PHS regulations):

Third party paid travel means:

* Third party directly pays in whole or in part for travel on your behalf;
* You pay for travel and third party reimburses you in whole or in part;
* Your institution pays in whole or in part for travel and the third party reimburses your institution;
* PHS regulations require you to disclose travel paid by:
* Paid for by external professional organizations and societies, academic journals and publishing companies; and
* ANY travel reimbursed or sponsored by a foreign institution of higher education or the government of another country.

PHS regulations exclude travel paid by:

* Your institution or funded by a sponsored award to your institution;
* U.S. Federal, state or local government agencies;
* U.S. Institutions of higher education or U.S. research institutes; and
* U.S. academic teaching hospitals or U.S. medical centers that are affiliated with U.S. Institutions of higher education.

Additional examples are provided in the following chart:

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| Travel paid for by industry (directly paid to the individual, not through your own institution) | Yes |
| Travel paid for by a non-profit foundation  | Yes |
| Travel paid for by a professional society (e.g. American Cancer Society, European Society for Pediatric Infectious Diseases)  | Yes |
| Travel to a university paid for by the university to give a lecture | No |
| Travel to a board meeting in another state paid for by the American Heart Association | Yes |
| Travel to an advisory board meeting for a nonprofit for which you are reimbursed  | Yes |
| Travel paid for by the American Cancer Society to an academic meeting to present NIH grant-funded research  | Yes |
| Travel to another university to give a seminar where the university reimburses you, but the university received funding for the seminar from a pharmaceutical company | No, if the reimbursement came from university |
| Travel that combines a trip to an advisory board paid for by the company and a family vacation for which I am paying for myself | The vacation part of the trip must be paid for by personal funds and not by the company that is paying for the business trip. (only need to disclose the duration of the business portion of the trip) |