This form has been designed to aid in the implementation of the St. John’s University’s policy on “Financial Conflicts of Interest in Research and Other Sponsored Programs.

The University’s Policy on Financial Conflicts of Interest was developed in response to regulations published by the National Science Foundation (NSF) and the U.S. Public Health Service (PHS) in 1994 and 1995. These regulations affect proposals submitted on or after October 1, 1995. Under this policy, a Financial Conflict of Interest Disclosure Form must be submitted by all persons who hold a key role in the performance of a project funded either directly or indirectly (e.g., subcontract) by an agency of the federal government.

Effective August 24, 2012, in the case of investigators working on NIH grants, there is a more stringent requirement that the aggregate financial benefit cannot exceed $5,000 for the prior 12 month period for the investigator as well as family members or those living in the same household.

The NSF and the PHS have generally agreed that the following persons perform a key role or function and, therefore, must submit a Disclosure Form: the principal investigator or project director, all co-PI’s or co-PD’s and any other person at the institution who is responsible for the design, conduct or reporting of research funded, or proposed for funding.

Persons completing this form are expected to have read the referenced University Policy.

Separate Disclosure Forms must be completed for each person engaged in a key role on the proposed sponsored project.

Questions

1. Do you, your spouse or child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee, or consultant with a sponsor, a vendor, or (sub) contractor related to the sponsored program activity?
   ___Yes. ___ No. If yes, please describe on a separate page the nature and extent of your affiliation.

2. Do you, your spouse or child(ren) have significant financial interest in a sponsor, a vendor or (sub) contractor related to your sponsored program activity? Significant financial interest includes stock, stock options, and/or any other ownership interest valued at more than $10,000 ($5,000 for NIH grants) or 5% ownership.

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Yes. ___ No. If yes, please describe on a separate page the nature and extent of your affiliation.

3. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your sponsored program activity?
   ___Yes. ___ No. If yes, please describe on a separate page the nature and extent of your affiliation.

4. Are you submitting a proposal to the NIH or are you currently funded by the NIH?
   ___Yes. ___ No. If yes to question 4, you certify that you are adhering to all the NIH requirements for FCOI including those outlined in the August 24, 2012 update.

**Investigator Certification:**

- I certify that I have read STJ’s policy on Financial Conflict of Interest on Grants, Contracts, & Sponsored Projects.
- I certify that I made all required financial disclosures and that I will update those financial disclosures during the course of this grant if any circumstances regarding a conflict of interest change.
- (If the program leader, principal investigator or project director) I have made every effort to ensure that all Researchers responsible for the design, conduct, or reporting of the research have submitted the required disclosures.
- If a Resolution Plan is in place prior to requesting the expenditure of award funds, I will have reached an agreement with STJ (Memorandum of Understanding) that provides for any conditions or restrictions necessary to manage, reduce, or eliminate any conflicts of interest under STJ policy.

Signature: ____________________________________________ Date: ___________________

Typed/Printed Name: ____________________________________________________________

Department: ___________________________________________________________________

Project Title: __________________________________________________________________

Proposed Sponsor(s): ___________________________________________________________

Special Notes (if any):

Please type or print clearly. Note: *Italicized* words and phrases used on this form have been defined in the University’s policy statement.

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