



**Office of Research and Sponsored Programs
Summary Disclosure of Financial Interests**

Related to Projects Sponsored by
Public Health Service (PHS) agencies including National Institutes of Health (NIH)

Completion of this form is mandatory for all Investigators on proposals to the Public Health Service (PHS) agencies, including National Institutes of Health (NIH). This information is required to comply with the University of Massachusetts "Policy and Guidelines for Promoting Objectivity in Biomedical Research", "Conflict of Interest in Research and Scholarly Activity Policy" and applicable federal regulations regarding disclosure of any financial interests that reasonably appear to be related to the Investigator's Institutional Responsibilities. See <http://grants.nih.gov/grants/policy/coi>

Name, Last _____ First _____

Principal Investigator (If different than above): Name, Last _____ First _____

Department _____ Project Beginning and End Date _____

Proposal/Project Title: _____

FCOI Required Training

Conflict of Interest training/education is required for all Key Personnel on PHS grant and cooperative agreements. All investigators are required to complete FCOI training. The training must be completed prior to engaging in research related to any PHS funded research, and at least every four years thereafter. UMass Boston Investigators should use [CITI FCOI Training](#) to comply with this regulation. ORSP will not release your award without the certificate of completion.

Check "Yes" if you have completed the FCOI required training in the past 4 years No Yes

Disclosures and Certification

A. **Investigator** certifies that this form provides (1) a complete disclosure of all 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. Principal Investigator agrees to update this form periodically 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? (Reference definitions on the reverse side of this form.)

No Yes, Investigator's Detailed Disclosure Form (form may be submitted in a closed envelope) (Please type or print information)

Signature of Principal Investigator Date

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

B. **University Investigators:** By signing below, each Investigator (1) certifies that this form provides an accurate report of whether or not there are any Significant Financial Interests related to the Investigators' Institutional Responsibilities, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to the Investigators' Institutional Responsibilities prior to award receipt, as those interests change, and on an annual basis 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? (Reference definitions on the reverse side of this form.)

1. No Yes, Investigator's Detailed Disclosure Form (form may be submitted in a closed envelope) (Please type or print information)

Signature of Co-Investigator Date

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

2. No Yes, Investigator's Detailed Disclosure Form (form may be submitted in a closed envelope) (Please type or print information)

Signature of Investigator

Date

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

(The lead principal investigator on a proposed PHS application for funding is responsible for obtaining a PHS disclosure form for all participating Investigators. Attach additional Investigator Detailed Disclosure Forms as required to identify and include financial disclosure information for all project Investigators.)

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

No Yes If Yes, University must be assured that the home institution of those Investigators has policies that comply with the funding agency's regulations. Such assurance should be provided along with the participant's letter of commitment to the project.

Instructions

For PHS Agencies including NIH:

1. The Principal Investigator (PI) and each Investigator must sign the Disclosure Summary at the point of each proposal submission & confirm no change in status at the point of each award. Awards will not be processed by ORSP office until the Investigators have reaffirmed their disclosure status.
2. Investigators having a Significant Financial Interest that is reasonably related to the Investigators' Institutional Responsibilities must also complete the Investigator's Detailed Disclosure Form. Allow sufficient time for a complete review.
3. Submission of this form is also required on an annual basis for non-competing continuation awards, when a new Investigator is added to a project, or when an Investigator's financial interests increase, whichever comes first.
4. Any project that involves human subjects research is subject to the requirements of the University of Massachusetts Guidelines for the Oversight of Individual and Institutional Financial Interests in Human Subjects Research ("Human Subjects Guidelines"). Any amount of remuneration or any equity ownership related to a human subjects study requires additional reviews and oversight. See <http://media.umassp.edu/massedu/policy/Col%20Intellectual%20Policy%20Guidelines.pdf>

Definitions

Who Must Disclose? All individuals responsible for the design, conduct, or reporting of the results of work performed or to be performed under the sponsored project, referred to as "**Investigator**." Investigator includes, but is not limited to the Principal Investigator, Co-Investigators, and any other individuals (including personnel from other institutions) who are involved in accomplishing project objectives. It may include students, graduate and undergraduate, and other personnel who may be listed as authors on project results, even if they are not paid from the project.

What is a "Significant Financial Interest"? Any of the following payments:

1. With regards to **Publicly-Traded Entities**, payments or value exceeding \$5,000 when aggregated for an Investigator and the Investigator's spouse/domestic partner and dependent children from a single entity, including salary, consultant payments, honoraria, paid authorship, equity interest (stock, stock option or other ownership interest) during the prior 12 months.
2. With regards to **Privately Held Entities**, payments or value exceeding \$5,000 when aggregated for an Investigator and the Investigator's spouse/domestic partner and dependent children from a single entity during the prior 12 months or when the Investigator and the investigator's spouse/domestic partner and dependent children hold **any** equity interest (stock, stock option, or other ownership interest).
3. With regards to **Intellectual Property**, intellectual property rights and interests (patents, copyrights) **upon receipt of income** related to such rights and interests.
4. With regards to **Travel Reimbursements**, any reimbursed or sponsored travel related to the Investigator's Institutional Responsibilities during the prior 12 months (with the exception of travel that is reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education).

The term "Significant Financial Interest" **does not include**: salary, royalties, or other remuneration paid by the University to the Investigator if the Investigator is currently employed or otherwise appointed, including intellectual property rights assigned to the Institution and agreements to share royalties related to such rights; income from investment vehicles, such as mutual funds and retirement accounts; income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education.

What are "Institutional Responsibilities"? An Investigator's Institutional Responsibilities means the Investigator's professional responsibilities on behalf of the Institution, including activities such as research, teaching, clinical or other professional practice, academic activities, scholarly events, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

Review Process and Guidelines

ORSP will review the Investigator's Detailed Disclosure Form to ensure completeness and consistency with prior disclosures. Investigator's Detailed Disclosure Form disclosing Significant Financial Interests that reasonably appear to be related to the Investigator's Institutional Responsibilities and any supporting documentation shall be forwarded to the Vice Provost for Research to consider whether any of the disclosed Significant Financial Interests of the Investigator is related to the project and whether the financial interest could directly and significantly affect the design, conduct, or reporting of the project.

For example, a direct affect would occur when the project results would be directly relevant to the development, manufacturing, or improvement of the products or services of the entity in which the Investigator has a Significant Financial Interest, or when the entity is a proposed subcontractor or participant in the project. A significant affect on the financial interest is one that will materially affect the value of the entity, its earnings, or sales of its products. The following are examples of when an Investigator would be deemed to have a financial conflict of interest (FCOI): (i) if the Investigator (together with Investigator's spouse or domestic partner and dependent children) has a Significant Financial Interest in an entity that could be affected by the research results from a proposed PHS-funded contract based on an analysis of the scope and subject matter of the proposed project described in the application, or (ii) the Investigator (together with Investigator's spouse or domestic partner and dependent children) has a Significant Financial Interest in an entity that licenses technology from the University which has resulted in license income and that technology is the subject of a proposed PHS-funded award. In making this determination, the designated institutional official(s) may consult with all appropriate institutional and governmental officials will review the information and make a recommendation to the Vice Provost for Research, who is the responsible institutional official for UMass Boston. Disclosures of Significant Financial Interests of amounts in excess of \$10,000 shall be submitted to the University Conflicts Committee, with a recommendation from the Vice Provost for Research for review and approval.

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

For more information see UMass Boston's FCOI policy at: <https://www.umb.edu/orsp/compliance/fcoi>
NIH website at: <http://grants.nih.gov/grants/policy/coi>



Office of Research and Sponsored Programs Investigator's Detailed Disclosure Form

Related to Projects Sponsored by
Public Health Service (PHS) agencies including National Institutes of Health (NIH)

Please list below 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. Use additional copies of this page as necessary to include all entities with which the Investigator has a Significant Financial Interest. Please provide a copy of any applicable consulting agreement or stock purchase agreement.

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.

I. Significant Financial Interests

For each Significant Financial Interest, Investigator(s) must provide the following information:

(use additional sections as needed for multiple entities)

Entity 1.

Name of entity: _____

Nature of financial interest: _____
(E.g., equity, consulting fee)

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 Reimbursements

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

During the past 12 months did you receive a payment (either as an advance or a reimbursement) for travel (either transportation, lodging or 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, for each please state the following:

Entity 1.

Name of sponsoring organization: _____

Purpose of the trip: _____

Destination and duration: _____

Describe the monetary value of the travel expenses: _____
(Estimate the approximate value if the travel is not reimbursed directly and the exact value is not readily available)