**Office of Research and Sponsored Programs**

**Financial Conflict of Interest Assurance and Disclosure Form**

*This form is used to disclose any financial relationships with entities involved in or related to active, proposed, or planned externally sponsored projects and programs at Nicholls State University or to report changes in previously disclosed relationships or activities.****If you are applying for an NSF or PHS funded grant, each investigator must complete a copy of this form to be submitted to ORSP along with your proposal******and Internal Proposal Approval Form.***

**PART A. Investigator Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | | | | | |
| **Department:** |  | | | | | | | | | | | | |
| **Project Title:** |  | | | | | | | | | | | | |
| **Project Sponsor:** | | NSF | NIH or other PHS | | | Other Federal | State | | Corporate | Non-Profit | | Other: |  |
| **Role in Project:** | | PI | | Co-PI | Other Personnel | | | Non-University Collaborator *(Consultant, Subrecipient, etc.)* | | | | | |
| **Disclosure type:** | | New Disclosure | | | Annual Disclosure for Funded Project | | | | | | Update/Amendment to Current Disclosure | | |

**PART B. Screening Questions**

1. Do you, your spouse/domestic partner, dependent children, or other members of your immediate family 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 current research (whether funded or unfunded) or sponsored program activity?    **Yes No**
2. Do you, your spouse/domestic partner, dependent children, or other members of your immediate family have a Significant Financial Interest in a sponsor, a vendor or (sub) contractor related to the current research (whether funded or unfunded) or sponsored program activity? Significant Financial Interest includes stock, stock options, and/or any other ownership interest, gifts, intellectual property rights (e.g., patents, copyrights and royalties from such rights) or other interest in a single entity **IF** the value of such interest: 1) exceeds $5,000 per annum of salary, fees, and other continuing payments; or 2) represents more than a five percent (5%) ownership interest in any one enterprise or entity when aggregated for the investigator and the investigator's spouse and dependent children.     **Yes No**
3. Have you or a family member participated in any reimbursed or sponsored travel (i.e., that which is paid on your behalf and not reimbursed to your directly so that the exact monetary value may not be readily available), related to your Institutional responsibilities, or your professional responsibilities on behalf of the Institution, which may include for example: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.   *Note:  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 is excluded and not subject to disclosure.***Yes No**

*If you answered “No” to ALL of the questions above, your Disclosure is complete; you do not have to submit additional information. Please sign and date Part C: Certification Page and return the Disclosure with the Certification to the Office of Research and Sponsored Programs.    If you answered “Yes” to ANY question above, please complete a separate PART D: Organization Profile for every outside organization with which you, your spouse or other member of your immediate family have the relationship(s) indicated above. Then, sign and date Part C: Certification Page and return the Disclosure with the Certification and all Organization Profiles to the Office of Research and Sponsored Programs.*

**Part C. Investigator Certification**

* I have read and understood the University’s ***Policy and Procedures on Financial Conflicts of Interest Related to Externally Sponsored Projects***.
* I agree to update this disclosure either on an annual basis, or as new reportable financial interests are obtained.
* I agree to cooperate in the development of a resolution plan to address any actual or potential conflicts of interests regarding this project that may be identified in this disclosure statement or that may arise in the future.
* I agree to comply with any reasonable conditions or restrictions imposed by Nicholls State University to manage, reduce, or eliminate actual or potential conflicts of interest, including forfeiture of the award if deemed necessary.
* I understand that actual or potential financial conflicts of interest may be reported to funding agencies if required by state or federal regulations or by funding agency guidelines.

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|  |  |  |  |  |
| *Print/Type Name* |  | *Signature* |  | *Date* |

I have reviewed the above and believe that no substantial conflict of financial interest exists, or, if one does exist, that it is possible to develop and execute a resolution plan to manage, reduce, or eliminate any actual or potential conflict of interest.

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|  |  |  |
| *Vice President for Research* |  | *Date* |

**Office of Research and Sponsored Programs**

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**Part D. Organization Profile** No.        of 

*(Make copies of page as necessary)*

*Complete Part D Organizational Profile only if you answered "YES" to at least one of the screening questions in Part B. Complete a separate Part D (Organizational Profile) for each organization with which you have the relationship(s) referenced in Part B. Screening Questions.*

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| **Name of Organization:** | | | |  | | | | | |
| **Address of Organization:** | | | |  | | | | | |
|  | | | |  | | | | | |
| **Type of external relationship: (check all that apply)** | | | | | | | | | |
|  |  | | Consultant | | |  | | Governing Board or Officer | |
|  |  | | Speaker | | |  | | Intellectual Property Rights | |
|  |  | | Advisory Board or Committee | | |  | | Royalty Income | |
|  |  | | Equity Holdings | | |  | | Other (describe below) | |
| **The financial relationship is between the organization and (check all that apply)** | | | | | | | | | |
|  |  | Self | |  | Spouse/Domestic Partner | |  | | Member of Immediate Family |

1. Have you, your spouse/domestic partner or other member of your immediate family received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that exceed $5,000 per annum from this organization; or 2) represent more than a five percent (5%) ownership interest in this enterprise or entity when aggregated for you, your spouse/domestic partner and other members of your immediate family?         **Yes  No**
2. Have you, your spouse/domestic partner and/or other member of your immediate family, had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization that exceed $5,000 per annum from this organization; or 2) represent more than a five percent (5%) ownership interest in this organization when aggregated for you, your spouse/domestic partner and other members of your immediate family?        **Yes  No**
3. If you responded yes to question #1 or #2 above, is the financial interest you refer to related to your current or planned areas of research or your institutional/professional responsibilities on behalf of the Institution, which may include for example: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards?      **Yes  No   *If yes, please describe below.***

1. Sponsored Travel:   Have you or a family member participated in any reimbursed or sponsored travel (i.e., that which is paid on your behalf and not reimbursed to your directly so that the exact monetary value may not be readily available) paid by this entity in the last twelve 12 months or anticipate such travel over the next twelve month period, related to your Institutional/professional responsibilities on behalf of the Institution, which may include activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.   **Yes  No   *If yes, please describe below.  Attach additional page(s) if necessary.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler:** | Self | Spouse/Domestic Partner | | Member of Immediate Family | |
| **Type:** | Planned in next 12 months | | Occurred in last 12 months | |  |
| **Purpose of the trip:** |  | | | | |
| Destination: |  | | | | |
| Period of Travel: |  | | | | |
| Monetary Value |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler:** | Self | Spouse/Domestic Partner | | Member of Immediate Family | |
| **Type:** | Planned in next 12 months | | Occurred in last 12 months | |  |
| **Purpose of the trip:** |  | | | | |
| Destination: |  | | | | |
| Period of Travel: |  | | | | |
| Monetary Value |  | | | | |