



PHS FCOI Disclosure Form

Per policy: http://www.davenport.edu/advancement/sp/fcoi

INITIAL Disclosure [] UPDATE []

Name _____ Department _____

Project Role ___ PD/PI ___ Senior/Key Personnel ___ Consultant ___ Other _____

Project lead PD/PI _____ Project Period _____

Project Title _____

- 1. Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a Publicly-Traded Entity that might reasonably appear to be related to your Institutional Responsibilities or with the PHS-funded project?
2. Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a Privately-Held Entity that might reasonably appear to be related to your Institutional Responsibilities or with the PHS-funded project?
3. Have you or any member of your immediate family (spouse or partner and dependent children) received any income related to intellectual property rights and interests that might reasonably appear to be related to your Institutional Responsibilities or with the PHS-funded project?
4. In the past 12 months have you undertaken any travel related to your Institutional Responsibilities or PHS-funded project that was either reimbursed or paid for by any individual or entity other than a Federal, state or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

CERTIFICATION BY INVESTIGATOR

- A. I have read and understand the Davenport PHS FCOI Policy.
B. To the best of my knowledge, I have made all required financial disclosures.
C. I agree to comply with any conditions or restrictions imposed by Davenport for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest in connection with this grant.

Check if applicable: ___ CERTIFICATION BY PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:

The following people (or roles) meet the definition of Investigator for the above project, and I certify that they all will comply with the disclosure requirements of the Davenport PHS Financial Conflict of Interest Policy:

Signature of Investigator _____ Date _____

IF YES ABOVE, CERTIFICATION BY INSTITUTIONAL OFFICIAL

- No financial conflict of interest appears to exist.
PROPOSALS: A financial conflict of interest may exist. The proposal may be submitted, but if the grant is awarded, research may not begin until an approved management plan is in place and the sponsor has been notified.
UPDATES: A financial conflict of interest may exist. No research may go forward until an approved management plan is in place and the sponsor has been notified.

Signature of Signing Officer _____ Date _____