

Conflict of Interest Disclosure Form

PI/PD Name:	Rank/Title:
Dean or Dept. Head:	Role: PI/PD Senior/Key Personnel Consultant Partner/Co-PI Other
School (Academic) or Division (non-Academic):	Dept.:
Email:	Campus Phone:
Institution (if subrecipient or subcontractor on a Fairmont State sponsored award and following Fairmont State COI Policies and Procedures)	
List all of your active and pending grants/sponsored programs:	

I am reporting on activities:

Initial Disclosure Date:

Annual Disclosure for fiscal year

Updated Disclosure as an addendum to most recent COI Disclosure Form

PHS/DOE Award Requirements

If this award is through a Public Health Service (PHS) Agency or the Department of Energy (DOE), you must complete training on financial conflicts of interest (FCOI). The training can be accessed through the National Institutes of Health [here](#) and will allow you to complete a quiz and download a certificate which you must send to osp@fairmontstate.edu as proof you have completed the FCOI training. **NOTE:** This training is required even if you do not currently have a financial conflict of interest. Please see OSP's complete Conflict of Interest Policy for more information on PHS/DOE award requirements.

- **I have NO conflicts of interest.** (If you answer "No," sign below to certify and submit form to OSP at osp@fairmontstate.edu)

PI/PD's Certification & Signature

I certify and affirm that:

- I have read OSP's Conflict of Interest (COI) Policy.
- The above information is true to the best of my knowledge.
- If a potential COI occurs in the future, I will notify the Office of Sponsored Programs within 30 days.

PI/PD Name: _____ Signature: _____ Date: _____

- **YES, I am reporting the following as a conflict of interest (COI)** or a situation that could give the appearance of a COI. (If you respond “Yes,” then complete the remainder of the form, sign at the end of the section, and submit to OSP at osp@fairmontstate.edu)

1. In which area of the OSP Conflict of Interest Policy is the potential conflict of interest (COI)? (Note: If the COI is a financial/fiduciary, note it here but use the next section of this document to describe the financial/fiduciary COI in greater detail.)
2. Describe the nature of the non-financial conflict of interest.
3. Describe steps taken to mitigate the non-financial conflict of interest.

Complete this section if the COI you are reporting is a financial/fiduciary COI as described in the OSP Conflict of Interest Policy.

1. Describe any financial conflict of interest that could impair, or give the appearance of impairing, your independent and unbiased judgments related to your University or sponsored research/program responsibilities.

2. Describe how a financial interest is or may be related to your sponsored program or University responsibilities.

- Entity is or may be a research or program sponsor.
- Entity's product(s) or service(s) is or may be utilized, tested, evaluated, or otherwise in the research or program.
- Entity does/will license University intellectual property (IP) utilized, tested, evaluated, or otherwise in the research or program including any deriving IP as a result of the activity or program.
- Entity sponsors/reimburses PI/PD for travel related to PI/PD's research, program, or University responsibilities.
- PI/PD's institutional responsibilities may involve or require interacting with the external entity.
- The activities with the external entity are not related to the PI/PD's research, program, or University responsibilities.
- Other, describe:

If related financial interests are found, then list all affected sponsored program projects (titles and proposal and award dates):

4. Will the relationship continue into the next 12 months from the date of this disclosure?

Yes

No

PI/PD's Certification & Signature

I certify and affirm that:

- I have read OSP's Conflict of Interest Policy.
- The above information is true to the best of my knowledge.
- If the disclosed relationship with the external entity is determined by the University to be a financial conflict of interest (FCOI) related to the sponsored program(s), then I agree to comply with any approved University FCOI decision prior to any expenditure of funds related to the sponsored program(s).

PI/PD Name:

Signature:

Date:

OSP Review

ADMINISTRATION ONLY—To be completed by the Director of the Office of Sponsored Programs or another official with equal responsibility.

- No financial or fiduciary relationships or COI disclosed.
- The relationship disclosed represents a COI.
- The COI disclosed may be reasonably related to the sponsored program(s) specified below.

- A COI has been identified that requires additional management.
- A complex COI appears to exist and review is needed by an ad hoc COI Advisory Board.
- FOR PROPOSALS: A COI may exist. The proposal may be submitted, but if the sponsored program is awarded, no expenditures are allowed until an approved management plan is in place.
- FOR UPDATED FCOI DISCLOSURES: A COI may exist. No sponsored program proposals or expenditures may go forward until an approved management plan is in place.
- The COI is unmanageable and the sponsored program is not allowed to continue.

Director of OSP Name: _____ Signature: _____ Date: _____

Provost Name: _____ Signature: _____ Date: _____