



**Financial Interest on Federal Grant Disclosure Statement**

This Form must be completed by all investigators, including the principal investigator, co- investigators, and any other staff member who is responsible for the design, conduct or reporting of project activities. The form must be submitted to your dean or director at the time an application is submitted for external research support and on a yearly basis.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Campus Phone:** \_\_\_\_\_

**Role in Study:** \_\_\_\_\_

**Principle Investigator:** \_\_\_\_\_

**Title of Proposal:** \_\_\_\_\_

**Sponsor/ Awarding Agency:** \_\_\_\_\_

This Financial Interest on Federal Grant Disclosure Statement is to be completed in compliance with ASU’s Financial Conflict of Interest on Federal Grants Policy. Please note, answering “yes” to any of the following questions does not mean the financial interest is inappropriate or improper, it means only that disclosure and evaluation, and in some cases, approval and oversight, are required. All thresholds listed below are an aggregate for the investigator, his or her spouse and dependent children. These questions apply to companies that could reasonably appear to be related to the proposed research.

**1. Financial Interest in Publically Traded Companies**

**Yes**  **No**      **If yes, entity name** \_\_\_\_\_

Over the past 12 months, have you received income or obtained other financial interest in excess of \$5000 from a publically traded company that is in any way related to or that might be affected by your proposed research activities? Examples of income include salary, consulting fees, honoraria, paid authorship, stock, stock options, or other ownership interests (based on public prices or other reasonable measures of fair market value). Excluded income includes salary, royalties, or other remuneration paid by ASU while an ASU employee; income from mutual funds not managed by the investigator, and income from lectures, workshops, panels etc. for universities and state, local, or federal agencies.

**2. Financial Income from Non-Publically Traded Companies**

**Yes**  **No**      **If yes, entity name** \_\_\_\_\_

Over the past 12 months, have you received income in excess of \$5000 from non-publically traded company that is in any way related to or that might be affected by your proposed research activities? Examples of income include salary, consulting fees, honoraria, paid authorship.

**3. Equity Interests in Non-publically Traded Companies**

Yes  No      **If yes, entity name** \_\_\_\_\_

Over 12 months, have you held any equity interest in a non-publically traded company that is in any way related to or that might be affected by your proposed research activities?

#### 4. Intellectual Property

Yes  No      **If yes, entity name** \_\_\_\_\_

Have you received income from intellectual property rights and interest (e.g. from patents, copyrights, or royalty agreements) from any companies in any way related to or that might be affected by your proposed research?

#### 5. SBIR/STTR Phase II

Yes  No      **If yes, entity name** \_\_\_\_\_

Have you held any equity interest in a SBIR/STTR phase II funded company that is in any way related to or might be affected by your proposed research activities?

If you have answered “yes” to any of the above questions, please work with your Dean/ Director to develop a management plan to eliminate, reduce, or manage your FCOI and attach before forwarding to ORSP. Please note that you may be asked for more specific information.

#### 6. Paid Travel by Companies

Yes  No      **If yes, please provide the following information. Please note that you may be asked for more specific information.**

**Purpose of the trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Who sponsored this travel:** \_\_\_\_\_

Have you received any travel that has been paid for or reimbursed by any entity other than a Federal, state or local government, an institution of higher education, an academic teaching hospital, a medical center or a research institute associated with an institution of higher education?

#### Training:

By checking the box below, you are confirming that you completed the mandatory training on conflicts of interest via CITI (<https://www.citiprogram.org/> )

Yes  No

#### Principal Investigator Only:

If you are the Principal Investigator, you are responsible for identifying all Investigators on the proposal and for informing these Investigators of their responsibilities to report Significant Financial Interests. An Investigator includes the project director and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research. An Investigator may include, for example, significant collaborators or consultants.

Please list here any individual that meets the definition for Investigator on this proposal.

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**Certification:**

By executing below, I hereby certify:

- a. I have fully and to the best of my ability accurately completed this Disclosure Statement;
- b. I have reviewed and am in compliance with the ASU's Policy on Financial Conflicts of Interest (ASU Website); and
- c. I will update this Disclosure Statement within thirty (30) days if, at any time, circumstances change such that the information provided in this Disclosure Statement is inaccurate or incomplete.
- d. If I am the Principal Investigator, I have identified above all individuals that currently meet the definition of Investigator and have informed those individuals of their responsibilities to complete this Disclosure Statement and the required training. I acknowledge that it is my responsibility to notify ASU prior to allowing any new Investigator to commence research under this proposal, so that full compliance with this policy and regulation may be ensured.

**Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If any potential conflict were noted, the investigator must propose a management plan to eliminate, reduce, or manage the conflict. The Dean/Director must review the plan before forwarding it to ORSP. The plan will then be provided to the Financial Conflict of Interest Committee for review and recommendation to the Associate Vice President for Research and Sponsored Programs for final action.

**Dean/Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please place completed disclosure form(s) in a sealed envelope and forward to the Office of Research and Sponsored Programs, BCBB, Room 389.**