Disclosure of Significant Financial Interests and Obligations

As part of its commitment to promoting objectivity in research and in compliance with applicable federal regulations, non-federal agency guidelines, and the University's Financial Conflicts of Interest (FCOI) policy, the University of Tampa requires an Investigator to submit a conflict of interest disclosure form with the proposal routing form and prior to submission of the proposal to a Public Health Service (PHS) agency, National Science Foundation (NSF) National Aeronautic and Space Administration (NASA) and other applicable private foundations/agencies to ensure that the design, conduct and reporting of sponsored program/project activity will not be biased by a significant financial interests or obligations of any investigator.

For the purpose of this disclosure form, ***Investigator means any individual who is responsible for the design, conduct, or reporting of PHS and other applicable sponsored research/programs, or proposals for such funding. This definition is not limited to those titled or budgeted as principal investigator or co-investigator on a particular proposal, and may include postdoctoral associates, senior scientists, or graduate students. This definition may also include collaborators or consultants as appropriate.***

A revised disclosure must be filed with the Office of Sponsored Programs (OSP) whenever an Investigator has a material change in the significant financial interests or obligations previously disclosed, or annually during the project period of the sponsored program.

The Disclosure of Significant Financial Interests and Obligations ("disclosure form") is a two-section form. All Investigators meeting the definition referenced above must complete Section I of the disclosure form. If any answer to Section I is "yes", Section II of the disclosure form must also be completed. The completed and signed disclosure form should be included with the sponsored proposal/application routing packet.

PHS and other applicable agency proposals/applications will not be submitted until all required disclosure forms have been completed, signed by all Investigators, and submitted to the Office of Sponsored Programs (OSP). Compliance with this requirement is also a prerequisite of acceptance by University of Tampa of a PHS, NSF or other applicable agency sponsored grant or contract award. Completion and submission of disclosure forms satisfies the requirements of the Department of Health and Human Services/Public Health Services (PHS), 42 CFR 50 Subpart F, and the University of Tampa's Conflict of Interest policy.

Completed and signed disclosure forms will be reviewed and maintained in the Office of Sponsored Programs. Should a Significant Financial Interest (SFI) be identified within the disclosure form, the review and subsequent recommendation for management will be conducted by the Provost. Questions concerning any research-related disclosure should be addressed to the Office of Sponsored Programs.

Disclosure of Significant Financial Interests and Obligations
Section I

All University of Tampa investigators seeking external sponsored funding from a PHS agency are required to complete this form before a proposal can be submitted, annually during the project period of an award, and within 30 days of acquiring any new significant financial interests. Place a check in the appropriate column for each question. Once every question is answered the investigator must certify the information by signing the bottom of the form.

Investigator Name: _____

Department: _____

Sponsor: _____

Project/Program Title: _____

Questions	**Yes**	**No**
Do you or your family member[1] 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 proposed sponsored program activity?	☐	☐
Do you or your family member have a Significant Financial Interest (SFI) in a Sponsor, a vendor or (sub) contractor related to your proposed sponsored program activity or your institutional responsibilities? *Significant Financial Interest* includes payments (including salary, consulting fees, honoraria and gifts) stock, stock options, and/or any other ownership interest valued at more than $5,000 or 5% ownership and/or a Financial Interest that: a) if with a publicly traded entity, the aggregate value of any salary or other payments for services received during the 12-month period preceding the disclosure, and the value of any equity interest during the 12-month period preceding or as of the date of disclosure, exceeds $5,000; or b) if with a non-publicly traded entity, the aggregate value of any salary or other payments for services received during the 12-month period preceding the disclosure exceeds $5,000; or c) if with a non-publicly-traded company, is an equity interest of any value during the 12-month period preceding or as of the date of disclosure; or d) is income exceeding $5,000 related to intellectual property rights and interests not reimbursed through the Institution, or e) reimbursed or sponsored travel related to your institutional responsibilities (teaching, research, academic advising, etc.,) excluding travel reimbursed or sponsored by U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers	☐	☐
Could the value of your or your family's Significant Financial Interest reasonably affect the outcome of the proposed sponsored research/activity?	☐	☐

[1]Family member incudes Investigator's immediate family; specifically dependent children, spouse or domestic partner.

If you answered **"YES" to ANY question above**, please complete a separate Section II for **every** organization with which you have indicated a Significant Financial Interest above. Return all completed forms to OSP.

Investigator Certification:

I have read and understood UT's Financial Conflict of Interest Policy.
I have read and understood the Disclosure of Significant Financial Interests and Obligations, and agree to file a new or updated Disclosure of Significant Financial Interests and Obligations form if answers to any questions above have changed and/or when I have a Significant Financial Interest with the sponsor and/or related to the project/program title referenced above.

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature:_____ Date: _____

The University of Tampa

Conflict of Interest Form

Disclosure of Significant Financial Interests and Obligations

Section II

Complete Section II only if you answered, "YES" to at least one of the questions in Section I.

Investigator's Name: _____

1. Name of organization that you (or your family) has a Significant Financial Interest:_____

2. Type of Significant Financial Interest with the organization/individual (check all that apply):
   - ☐ Consultant
   - ☐ Employee
   - ☐ Equity Interest
   - ☐ Recipient of Honoraria
   - ☐ Recipient of Royalties
   - ☐ Other (Describe):_____

3. The Significant Financial Interest is between the organization and (check all that apply):
   - ☐ Self
   - ☐ Family Member

4. Have you 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 when aggregated with payments from this organization to your spouse, domestic partner, and/or dependent child(ren) will exceed $5,000? Y ☐ N ☐

5. Have you or your family member 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 which, when aggregated have a fair market value exceeding $5,000 or have or will have an ownership interest of 5% or more in the organization? Y ☐ N ☐

6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research or proposed sponsored activity?

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature:_____ Date: _____