



**Documentation of Financial Conflict of Interest Policy**  
**The University of South Florida – Research Integrity & Compliance**  
**(Use for Projects Funded by the National Science Foundation**  
**and PHS or Certain Agencies, Foundations & Extramural Sponsors)**

Dear Potential Subrecipient or Consultant:

You are receiving this letter and the attached forms because you are a proposed subrecipient or consultant on a proposal that the University of South Florida intends to submit for funding from the National Science Foundation or one of the U.S. Public Health Service (PHS) or other agencies who have adopted the PHS Objectivity in Research regulation (list of agencies available here: <https://www.usf.edu/research-innovation/research-integrity-compliance/ric-programs/conflict-of-interest/coi-terms.aspx>). The NSF Grantee Guidelines and PHS Objectivity in Research regulation require us to collect certain information from you at time of proposal and during the life of the award. Step 1 is required for all proposals. Step 2 is required only if Box C.2. of Form A is checked. Step 3 is required only if Box C.1. of Form A is checked.

Step 1: Subrecipient Authorized Organizational Official or consultant: Please complete, sign and return the attached Form A along with the approved proposal to the University of South Florida. This form *must* be on file before the University of South Florida can submit a proposal containing your proposed subaward. **Please return the completed Form A to the email address indicated in Part A of Form A.**

Step 2: If (and only if) the Authorized Organizational Official or consultant has checked **Box C.2.** of Form A indicating the University of South Florida's Conflict of Interest (COI) Policy will be followed (because your organization does not have its own NSF- or PHS-compliant COI policy), then EACH subrecipient Investigator (defined as a person responsible for the design, conduct or reporting of the research proposed under the subaward) must also complete, sign and return a Form B to the University of South Florida. If you are a consultant and you are not affiliated with an institution that has a NSF or PHS-compliant COI policy, then you must list yourself as an Investigator on Form A and complete Form B, as well. As part of Form B, each Investigator must certify that they have read and understood the required training: <https://www.usf.edu/research-innovation/research-integrity-compliance/documents/coi/fcoi-training-subrecipients.pdf>. Training must be repeated every three years.

Step 3: For PHS-funded research, if the Authorized Organizational Official has checked **Box C.1.** of Form A indicating that your institution's COI policy will be followed, and if the COI Official at your institution determines that one or more Investigators on this project have an Financial Conflict of Interest (FCOI, as defined in the PHS regulation) related to the project, then your institution must **submit all information required for submission of an FCOI report to the University of South Florida's Conflict of Interest Program at [coi-research@usf.edu](mailto:coi-research@usf.edu)** according to the following:

- For new awards, information on identified FCOIs must be submitted prior to execution of the subagreement;
- For disclosure of Significant Financial Interests (SFI, as defined in the PHS regulation) made during the course of an award, information on an identified FCOI must be submitted within 45 days of your institution receiving the pertinent Investigator's disclosure.

The following information is required for an FCOI report:

- Name of the Investigator with a FCOI;
- Name of the entity with which the Investigator has a FCOI;
- Nature of the financial interest (e.g., equity, consulting fee, travel reimbursement, honorarium);
- Value of the financial interest, or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value;
- A description of how the financial interest relates to the PHS-funded research and the basis for your institution's determination that the financial interest conflicts with such research; and
- A description of the key elements of your institution's management plan, including:
  - Role and principal duties of the conflicted Investigator in the research project;
  - Conditions of the management plan;
  - How the management plan is designed to safeguard objectivity in the research project;
  - Confirmation of the Investigator's agreement to the management plan;
  - How the management plan will be monitored to ensure Investigator compliance; and
  - Other information as necessary.

Further information regarding the PHS regulation may be found at: <https://grants.nih.gov/grants/policy/coi/index.htm>

### **Privacy Notice**

The University of South Florida (USF) is committed to safeguarding the privacy of personal data. This Privacy Notice outlines USF Research Integrity & Compliance's collection, use and disclosure of personal data provided by individuals located in the EU. When you submit your personal data to USF Research Integrity & Compliance, you consent to the collection, use and disclosure of that data for the purposes of ensuring compliance with USF policies and procedures and applicable laws and regulations. Your personal data will be stored in Research Integrity & Compliance's electronic systems in accordance with USF policy and applicable laws. You have the right to erasure of your information, subject to the retention periods of applicable laws and regulations and USF's policies. If you have concerns about the use or storage of your personal data, you have a right to lodge a complaint with the data supervisory authority in your country.



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*Required when proposing a subaward for a sponsored research project to be funded by the NSF, or under a PHS or Certain Agencies Award and the subrecipient institution is not registered with the [FDP FCOI Clearinghouse](#) or the project involves consultants.*

**A. PROPOSAL INFORMATION**

<b>University of South Florida PI:</b>	<b>Project #:</b>
<b>Prime Sponsor:</b>	<b>Proposal/Project Title:</b>
<b>Proposed Subaward Period of Performance:</b>	<b>Proposed Subaward Total:</b>
<b>Return Form to USF Research Administrator (email):</b>	

**B. SUBRECIPIENT/CONSULTANT INFORMATION**

<b>Name of Individual Completing this Form:</b>	<b>Individual's Email Address:</b>
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<b>Subrecipient/Consultant Organization legal name:</b>
<b>Organization's address (include zip/postal code):</b>
<b>DUNS#:</b>

**C. SUBRECIPIENT/CONSULTANT FCOI POLICY STATEMENT**

1.  My institution has a PHS-compliant or NSF-compliant conflict of interest policy (as appropriate for the proposal funding source) and I will follow it. For PHS-funded proposals and projects, my institution will provide information related to any identified FCOI to the University of South Florida prior to execution of the subagreement, or in cases where disclosure is made during the course of the subaward, within 45 days of receiving the pertinent Investigator's disclosure. (Skip to Section E.)
2.  My institution does NOT have a NSF- or PHS-compliant conflict of interest policy (as appropriate for the proposal funding source), and I will follow the Financial Conflict of Interest Policy established and enforced by the University of South Florida. Names of individuals working on this project who are responsible for design, conduct, or reporting of the research are shown below in Section D. (Attach Form B for each.)

**D. INVESTIGATORS**

If your institution does NOT have a NSF- or PHS-compliant conflict of interest policy (as appropriate for the proposal funding source), list the names of the individuals working on this project who are responsible for design, conduct, or reporting of the research. If you will also be responsible for the design, conduct or reporting of the research, you must also add yourself to the list below.

Investigators	Form B attached?	Date of Form B
Subrecipient PI/Consultant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigator/Key Personnel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigator/Key Personnel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigator/Key Personnel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**E. APPROVAL** (To be completed by Subrecipient Authorized Organizational Official or consultant)

I certify that the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution or a consultant. The appropriate programmatic and administrative personnel involved in this disclosure are aware of Agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements and/or FCOI management plans consistent with those policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_