

Grant/Subaward Title: _____

**SIGNIFICANT FINANCIAL INTEREST(S) DISCLOSURE & TRAINING FOR SUBRECIPIENT
INVESTIGATORS OR CONSULTANTS UNDER NSF and PHS PRIME AWARDS**

I. DISCLOSURE:

You have been identified as a subrecipient Investigator or consultant under a NSF or PHS prime award to the University of South Florida, and you have confirmed that your institution does NOT have an NSF- or PHS-compliant conflict of interest policy (as appropriate, based on proposal funding source). As such, you must submit a Significant Financial Interest Disclosure to the University of South Florida. Only disclose those Significant Financial Interests, including those of your spouse and dependent children, which are directly related to the work you will perform for the University of South Florida under this subaward. You must complete the attached Form and return it to the appropriate office indicated below at the following times:

- No later than at the time of application for NSF- or PHS-funded research;
- Within 30 days of discovering or acquiring a new Significant Financial Interest;
- At least annually during the period of award.

Upon receipt, the University of South Florida will review the disclosure, determine whether a Financial Conflict of Interest (FCOI) exists, and if so, whether it is possible to manage the FCOI. For PHS-funded projects, when a FCOI is identified, the University of South Florida will report its existence and all required details of the FCOI to the PHS Awarding Component as required by regulation. For NSF-funded projects, if a related conflict of interest cannot be satisfactorily managed, USF will notify the NSF Office of the General Counsel.

II. TRAINING:

You must also read the required training and certify that you have done so in Question 5 of the attached Disclosure. Training is located at this website: <https://www.usf.edu/research-innovation/research-integrity-compliance/documents/coi/fcoi-training-subrecipients.pdf>.

Please request a hard copy version from coi-research@usf.edu or 813-974-5638 if you are unable to access the online training.

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.

SIGNIFICANT FINANCIAL INTEREST DISCLOSURE

1. Please provide your contact information as requested in the boxes below.

Name:	University of South Florida P.I. Name:
Institution:	Title of University of South Florida Project:
Email Address:	Telephone Number:
Role on Subaward (P.I., Co-I., etc.):	Mailing Address:

2. In the table below, answer “Yes” or “No” for each category of financial interest listed. You must also check “Yes” if a financial interest is held by your spouse or your dependent children. **Only indicate Significant Financial Interests that are directly related to the work you will perform for the University of South Florida under this subaward.** Additional space is provided on page 3 if needed.

*Note: You do not need to disclose any salary or other remuneration from your employer or income from service on advisory committees or review panels, seminars, lectures, teaching engagements or sponsored/reimbursed travel from a federal, state or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center or a research institute that is affiliated with a U.S. institution of higher education.

Nature of the Significant Financial or Business Interest	Yes	No	If Yes, Name of Entity/Entities	Value
In the past twelve months, <u>equity</u> in and/or <u>compensation</u> from, a publicly-traded entity that, when aggregated exceeds \$5,000;	<input type="checkbox"/>	<input type="checkbox"/>		\$
Any amount of equity in a non-publicly-traded entity;	<input type="checkbox"/>	<input type="checkbox"/>		\$
Compensation from a non-publicly-traded entity exceeding \$5,000 in the past twelve months;	<input type="checkbox"/>	<input type="checkbox"/>		\$
Income from intellectual property exceeding \$5,000 in the past twelve months;	<input type="checkbox"/>	<input type="checkbox"/>		\$
Any other intellectual property rights or interests (regardless of income)	<input type="checkbox"/>	<input type="checkbox"/>		\$
Sponsored or reimbursed travel, regardless of cost or amount (for PHS-funded Investigators only)	<input type="checkbox"/>	<input type="checkbox"/>		\$

*If you answered “Yes” to travel, the “Value” field is optional, but please indicate for each trip, the:

Destination:

Duration:

Purpose:

3. Is there any potential that the work you perform for the University of South Florida could affect the monetary value of the Significant Financial Interest being disclosed? **Please explain your answer (do not simply answer “yes” or “no”).**

4. Does the work you will perform for the University of South Florida under this subaward involve human participants? Yes No

5. I certify that I have read and understand the required COI training entitled “University of South Florida Financial Conflict of Interest (FCOI) Training for Subrecipients.” Initials _____

I certify that all information is complete and accurate to the best of my knowledge:

SIGNATURE (REQUIRED) **DATE**

Additional Space for listing Significant Financial Interests:

Entity Name	Nature of Interest	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

*If you listed additional travel, the “Value” field is optional, but please indicate for each trip, the:

Entity:	
Destination:	
Duration:	
Purpose:	

Entity:	
Destination:	
Duration:	
Purpose:	

Entity:	
Destination:	
Duration:	
Purpose:	

Entity:	
Destination:	
Duration:	
Purpose:	

Please return this completed Form B to the University of South Florida Unit Research Administrator from whom you received it.