PENNSTATE

Form B

SIGNIFICANT FINANCIAL INTEREST(S) DISCLOSURE & TRAINING FOR SUBRECIPIENT INVESTIGATORS UNDER PHS PRIME AWARDS

This form was last updated on May 16, 2017.

Grant/Subaward Title:
(To be filled by Penn State pre-award office prior to sending to subrecipient institution)

I. DISCLOSURE:

You have been identified as a subrecipient Investigator under a PHS prime award to Penn State, and you have confirmed that your institution does not have a PHS-compliant Conflict of Interest policy. As such, you must submit a Significant Financial Interest Disclosure to Penn State. Only disclose those Significant Financial Interests, including those of your spouse and dependent children, that are directly related to the work you will perform for Penn State 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 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, Penn State will review the disclosure, determine whether a Financial Conflict of Interest (FCOI) exists, and if so, whether it is possible to manage the FCOI. When a FCOI is identified, Penn State will report the existence and all required details of the FCOI to the PHS Awarding Component as required by regulation.

Individuals with subawards from all University campus locations except for the College of Medicine at the Milton S. Hershey Medical Center are to submit completed disclosure forms to:	Individuals with subawards from the College of Medicine at the Milton S. Hershey Medical Center are to submit completed disclosure forms to:
Office for Research Protections Penn State University The 330 Building, Suite 205 University Park, PA 16802 Phone: (814) 865-1775 Fax: (814) 863-8699 Email: coistaff@psu.edu Web: www.research.psu.edu/orp	**Office of Research Affairs** Penn State University – Hershey Medical Center MC H138 500 University Drive Hershey, PA 17033 Phone: (717) 531 - 8495 Fax: (717) 531 – 0040 Email: e-grants@pennstatehealth.psu.edu Web: http://med.psu.edu/research-support

II. TRAINING:

You must also read the attached SFI Training document and certify that you have done so in Question 5 of the Disclosure.

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SIGNIFICANT FINANCIAL INTEREST DISCLOSURE

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

Name:	Penn State P.I. Name:
Institution:	Title of Penn State PHS Project:
Email Address:	Telephone Number:
Role on Subaward (P.I., Co-I., etc.):	Mailing Address:

2. On 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 Penn State under this subaward.** Additional space is provided on page 3 if needed.

*Note – You do not need to disclose any Financial Interests from your employer, from a U.S. federal, state or local government agency, from a U.S. Institution of Higher Education, an academic teaching hospital, medical center, or a research institute 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
Equity in, and/or compensation in the past twelve months from, a publicly-traded entity that, when aggregated exceeds $5,000;	☐	☐		$
Any amount of equity in a nonpublicly-traded entity;	☐	☐		$
Compensation from a nonpublicly-traded entity exceeding $5,000 in the past twelve months;	☐	☐		$
Any intellectual property rights or interests	☐	☐		$
Sponsored or reimbursed travel exceeding $5,000 in the past twelve months.	☐	☐		$

*If you answered "Yes" to travel, the "Value" field is optional, but please indicate for each trip:
Destination:
Duration:
Purpose:

3. Is there any potential that the work you perform for Penn State 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 Penn State under this subaward involve human participants? Yes ☐ No ☐

5. I certify that I have read and understood the attached document entitled, Disclosure and Management of Significant Financial Interests at Penn State ("SFI Training"). **Initials** _____

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

Signature: _____ Date: _____

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SIGNATURE REQUIRED:	Date:

Additional Space for listing Significant Financial Interests:

Entity Name	Nature of SFI (e.g., equity, compensation)	Value
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

*If you listed additional travel on this page, the "Value" field is optional, but please indicate for each trip:

Entity:
Destination:
Duration:
Purpose:

Entity:
Destination:
Duration:
Purpose:

Entity:
Destination:
Duration:
Purpose:

Entity:
Destination:
Duration:
Purpose: