**Financial Conflict of Interest Annual Disclosure Form
For All Hope College Senior Personnel Applying for Federal[[1]](#footnote-1) Funding**

|  |  |
| --- | --- |
| Investigator Name: |  |
| Project Status: | [ ]  Current [ ]  Pending |
| Role in Project:  | [ ]  PI/PD [ ]  Co-PI/PD [ ]  Senior/Key Person[ ]  Other Personnel Responsible for Design, Conduct, or Reporting of Research |

**Why do I need to complete this form?**

Federal regulations (including 2 CFR 200, 42 CFR Part 50, Subpart F, and NSF PAPPG 18-1 Chapter IX.A. among others) and Hope College policy require annual disclosures for researchers proposing or working on federally-funded projects.

**What must I include as a significant financial interest in this form?**

The following must be *included* as significant financial interests:

* All financial interests pertaining to you personally;
* All pertaining to your spouse or registered domestic partner; and
* All pertaining to a dependent child.

**What may I exclude as a significant financial interest in this form?**

* Salary, royalties, or other remuneration from Hope College;
* Income from investment vehicles such as mutual funds or retirement accounts, as long as you do not directly control the investment decisions made in these vehicles;
* Income from seminars, lectures, or teaching engagements sponsored by, or service on advisory committees or review panels for, or travel sponsored or reimbursed by any or all of the following (U.S.-based entities only):
	+ Federal, State or local government agencies;
	+ Institutions of higher education;
	+ Academic teaching hospitals;
	+ Medical centers; and
	+ Research institutes affiliated with institutions of higher education.

Check one of the following statements:

[ ]  ***I hereby certify that I have read the*** [***Financial Disclosure Policy***](https://hope.edu/offices/sponsored-research-programs/resources/Hope%20FCOI%20Policy.pdf) ***on the Hope College Office of Sponsored Research Programs website which is effective for all proposals submitted through the College to federal agencies. I certify to the best of my knowledge that neither I, nor my spouse, partner, or dependents hold any significant financial interests that would reasonably appear to be related to my research, teaching, and service responsibilities to Hope College.***

[ ]  ***I have the following relationships, affiliations, activities, or interests which constitute significant financial interests under the Hope College Conflict of Interest policy (see following pages):***

Signature Date

**Send a signed .pdf copy of this FCOI disclosure statement to the Sponsored Research Office at** **sponsoredresearch@hope.edu** **BEFORE the proposal submission.**

**Publicly Traded Entities**

*Instructions: Copy as many times as needed for all publicly-traded entities for you, your spouse/partner, and/or your dependent child(ren). Do not include any company for which subtotal of all financial interests < $5,000.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name and Stock Market Abbreviation** | **Interests Pertaining to (check all that apply):** | **Type of Interest** | **Value of Interest** |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child | [ ]  **Equity** | **# Shares** | **Current Market Value** | **Total Value** |
|  |  |  |
| [ ]  **Compensation (total over last 12 calendar months)** | **Total Value** |  |
| **Nature of Relationship:** |  |
| **Subtotal (Total Equity Value + Compensation over last 12 months)** |  |

**Non-Publicly Traded Entities** **(Equity Interests)**

*Instructions: List all non-publicly traded entities in which you, your spouse/partner, and/or your dependent child(ren) hold an equity interest, regardless of dollar value. Add rows if needed. The Estimated $ value and % Ownership columns are optional, but the College reserves the right to request this information during the Conflict of Interest determination process if left blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity Name** | **Interests Pertaining to (check all that apply):** | **Entity Business Type** | **Estimated $ Value** | **% Ownership** |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |

**Non-Publicly Traded Entities** **(Compensation)**

*Instructions: List all non-publicly traded entities from which you, your spouse/partner and/or dependent child(ren) have received compensation of $5,000 or more in the last 12 calendar months. All columns must be completed in full. Add rows if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity Name** | **Interests Pertaining to (check all that apply):** | **Position or Relationship** | **Entity Business Type** | **Total Compensation in $** |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |

**Compensation for Intellectual Property Rights**

*Instructions: This does not include any payment from Hope College for intellectual property assigned to the College in conformance with the College’s Intellectual Property policy. List all entities other than Hope College from which you, your spouse/partner and/or your dependent child(ren) have received payment for intellectual property rights (e.g. royalties, licensing fees, etc.) in the last 12 calendar months. Add rows if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Entity Name** | **Interests Pertaining to (check all that apply):** | **Description of Intellectual Property** | **Total Compensation in $** |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |
|  | [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |

**Sponsored or Reimbursed Travel**

*Instructions: List any instance of travel from the last 12 calendar months which was either sponsored or reimbursed by an entity other than Hope College; federal, state, or local governments; and domestic institutions of higher education, academic teaching hospitals, medical centers, and research institutes affiliated with institutions of higher education.*

*Include any instance where reimbursement was made by Hope College from a fund account sponsored by a non-excluded entity. Add rows if needed. Estimated cost column is optional, but the College reserves the right to request this information from you or the sponsor during the Conflict of Interest determination process if left blank.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler (check all that apply)** | **Destination** | **Dates of Travel** | **Purpose of Travel** | **Sponsor Name or Reimbursement Source** | **Estimated costs in $** |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |
| [ ]  Self[ ]  Spouse / Partner[ ]  Dependent Child |  |  |  |  |  |

1. Several non-federal agencies prescribe to the Public Health Service FCOI Policy. For purposes of this form, the term “federal” includes both federal and non-federal agencies that prescribe to the federal FCOI policies. These non-federal agencies include: Alliance for Lupus Research (ALR); American Asthma Foundation; American Cancer Society (ACS); American Heart Association (AHA); American Lung Association (ALA); Arthritis Foundation; CurePSP; Juvenile Diabetes Research Foundation (JDRF); Lupus Foundation of America (LFA); Patient-Centered Outcomes Research Institute (PCORI); and Susan G. Komen for the Cure. [↑](#footnote-ref-1)