



Subrecipient or Contractor Financial Conflict of Interest (FCOI) Disclosure

This document is to be completed by the Subrecipient Lead PI or Contractor, whichever is applicable.

Individual's Name: _____ Email: _____

Individual's Organization/Institution (if applicable): _____

Proposal/Project Title: _____

ECU's eTRACS Proposal Number [Format YY-NNNN]: ____ - ____

Subaward Information Performance Period (all years)
Start Date: _____ End Date: _____

Report all financial or fiduciary interests of a personal or business nature that you or a family member, or those of anyone on your project team, has that could potentially conflict with your or their obligations under this subaward or contract.

Check all that apply. You MUST check at least one box.

Payments of \$5,000 or more including salary, consulting fees, royalty or licensing payments from intellectual property, honoraria and or gifts received in the past 12 months or anticipated over the next 12 months [Exclude the following from East Carolina University or your affiliated organization/ institution: (1) salary, (2) grant support, (3) other payments for services];

Equity or ownership interest (including stock options) valued at \$5,000 or more as determined by reference to its publicly listed price (excluding mutual funds);

Any equity or ownership interest, if the value cannot be determined by reference to publicly listed prices (ex: privately held companies, start-up companies);

A position as director, officer, partner, trustee, or any other position of senior management;

Payments of \$5,000 or more for patent rights, or royalties from such intellectual property rights, whose value may be affected by the outcome of the research, including royalties under royalty-sharing agreements involving East Carolina University or your affiliated organization/institution;

Any combination of remuneration, fees, royalties, or honoraria, which exceeds \$5,000 when aggregated, received within the past 12 months or anticipated over the next 12 months, from an entity (1) whose products or services are used or studied in the research, or (2) who is developing products or services that the research is intended to study or evaluate; or

Any compensation the value of which could be affected by the outcome of the research.

Any reimbursed or sponsored travel, not including travel that is reimbursed or sponsored by (1) a federal, state, or local government agency; (2) an institution of higher education; (3) an academic teaching hospital; (4) a medical center; or (5) a research institute affiliated with an institution of higher education.

None of the above.

Provide specific details related to each financial interest checked.

Certification

I certify that:

1. All Significant Financial Interests meeting the criteria on the preceding page have been disclosed.
2. I am aware and understand that I have an ongoing responsibility to update this disclosure immediately upon any change in outside financial activities that are related to this research project.
3. I have read and understand ECU's regulation regarding Objectivity in Research Under Public Health Service Grants, Cooperative Agreements, or Contracts at <https://www.ecu.edu/prr/10/45/02>
4. I have completed either the NIH Office of Extramural Research Financial Conflict of Interest tutorial available at: <https://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm> or CITI COI training found at: <https://about.citiprogram.org/>

Signature

Date

Printed Name

Return this disclosure to ECU's Office of Research Integrity and Compliance at the following email address:

coi.oric@ecu.edu