

RESEARCH FINANCIAL CONFLICT OF INTEREST STATEMENT
Veterans Education and Research Association of Michigan (VERAM)

PURPOSE: As a subrecipient to a VERAM-administered award, you are required to file a Financial Conflict of Interest (FCOI) Statement to avoid involvement in a real or perceived conflict of interest. In research a real or perceived conflict of interest occurs when any financial arrangement, situation or action affects or is perceived to exert inappropriate influence on the design, review, conduct, results, or reporting of research activities or findings. This Statement is to assist in the avoidance of a conflict, real or perceived.

INSTRUCTIONS: You must submit a completed, signed, and dated Statement when the subrecipient does not have an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F. Complete this Statement to the best of your knowledge. You will, however, need to provide additional information so that a determination can be made of how to best manage any conflict of interest that may be identified.

Complete all fields in Section I and III of the form. Fields in Section II **may be required** depending on the responses in Section I.

IMPORTANT DEFINITIONS:

AFFECT THE FINANCIAL INTEREST - Means the possibility to impact, either positively or negatively, the value or amount of financial interest to any degree whatsoever.

CLOSE RELATIVE - An individual who is related as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

DEPENDENT CHILD - A son, daughter, stepson, or stepdaughter and who either is (i) unmarried, under age 21, and living in your house, **or** (ii) considered dependent under the U.S. tax code.

ENTITY - Any person, for-profit or non-profit organization, institution (including a university), corporation, partnership, or governmental agency (other than a Federal agency).

OUTSIDE EMPLOYER - An entity with which you serve as officer, director, trustee, general partner, or employee.

NAME (Last, First, Middle)	
POSITION/TITLE	
TELEPHONE NUMBER	
EMAIL	
NAME OF STUDY	
SUBRECIPIENT PI	
SPONSOR OF STUDY	
FUNDING SOURCE	

THIS IS A COOPERATIVE STUDIES PROGRAM Yes No

- I DO NOT HAVE AN APPOINTMENT WITH VERAM
- I HAVE A SALARIED APPOINTMENT WITH VERAM
- I HAVE A NON-SALARIED APPOINTMENT WITH VERAM

Name _____

SECTION I

1. INCOME AND COMPENSATION Do you, your spouse, dependent child or general partner receive income or other compensation (including non-Federal salary, consulting fees, honoraria, gifts, and in-kind compensation) from an entity (including the university affiliate) whose financial interests could be affected by this study ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. BUSINESS RELATIONSHIPS. A. Current Relationships: Are you, your spouse, dependent child, general partner or parent serving, or seeking to serve, as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee (paid or unpaid) with any entity (other than the Federal Government, but including the university affiliate) whose financial interest could be affected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Covered Relationships: Could this study affect the financial interest of you, your spouse, close relative, household member or general partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Relationships in the Past Year: Have you, within the last year, served as an officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee for any entity whose financial interest could be affected by this study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Business Arrangement or Agreements: Are you seeking, negotiating for, or do you have, any business arrangement or agreement, such as a future employment agreement, re-employment rights, consultant agreement, pending severance arrangement or retirement plan, with any entity whose financial interest could be affected by this study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. INTELLECTUAL PROPERTY . With respect to intellectual property that could be affected by this study, are you, your spouse, dependent child, general partner, or outside employer: (i) listed as the inventor on an invention disclosure or a patent application; (ii) the owner of any intellectual property; (iii) the holder of a license of a patent, copyright, software or other intellectual property; (iv) entitled to earn royalties now or in the future; (v) the author of written materials that are, or are going to be, commercialized; (vi) otherwise earning compensation from, or have a financial interest in, intellectual property (not covered elsewhere in this form); OR (vii) holding any other financial relationship not covered elsewhere in this form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 . NON - PUBLICLY TRADED COMPANIES. Do you, your spouse, dependent child, or general partner have any stock, stock options, or other equity interest in a non-publicly traded company whose financial interest could be affected by this study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>5 . SPECIFIC TYPES OF FINANCIAL INTERESTS.</p> <p>A. Publicly-Traded Companies: Do you, your spouse, or dependent child (in the aggregate) own or have an equity interest (stock ownership, stock options, etc.) valued at more than \$15,000 in a publicly-traded company or companies (aggregate value of all stocks in all such companies) whose financial interest could be affected by this study? <i>Note: This does not include stock controlled through a diversified mutual fund or a blind trust</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>B. Sector Mutual Funds: Do you, your spouse or dependent child (in the aggregate) have equity holdings valued at more than \$50,000 in any sector mutual fund (or funds that concentrate in the same sector) whose holdings could be affected by this study? <i>Note: A sector mutual fund concentrates its investments in an industry, business, single country other than the United States, or bonds of a single State within the United States</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>



- If you answered “yes” to any of the statements in Section I, you must respond to the associated question in Section II. Only items for which you answered "yes" in Section I will be available in Section II.
- If you answered “no” to all statements in Section I, skip Section II, and proceed to Section III.

Name _____

SECTION II

1. INCOME AND COMPENSATION. If you answered yes in paragraph 1 of Section I, explain the source, value, and reason for the income or other compensation.

2. BUSINESS RELATIONSHIPS A. Current or Future Relationships. If you answered yes in paragraph 2.A. of Section I, provide: (i) relationship to you of person serving or seeking to serve, (ii) the name of the entity in which the person serves/seeks to serve, (iii) the type of business, and (iv) how the entity's financial interest could be affected by this study

B. Covered Relationships. If you answered yes in paragraph 2.B. of Section I, identify: (i) the relationship between you and the person whose financial interest could be affected by this study, (ii) how this person's financial interest could be affected by this study.

C. Relationships in Past Year. If you answered yes in paragraph 2.C. of Section I, provide: (i) name of the outside business, (ii) the type of business; (iii) your position with the outside business, and (iv) the date your relationship with the business ended.

D. Business Arrangement or Agreements. If you answered yes in paragraph 2.D. of Section I, provide: (i) name of entity with whom you are seeking, negotiating, or have an arrangement, (ii) type of business conducted by entity, (iii) brief description of the arrangement or agreement you are seeking, negotiating, or have with the entity, and (iv) description of the entity's relation to this study.

3. INTELLECTUAL PROPERTY . If you answered yes in paragraph 3 in Section I, identify (i) what you, your spouse, dependent child, general partner, or outside employer has, and (ii) how it could be affected by this study.

Name _____

4. NON-PUBLICLY TRADED COMPANIES. If you answered yes in paragraph 4 of Section I, provide additional information below.

Name of Company

Type of Equity Interest

Describe the nature of the company and how its financial interest could be affected by this study.

5. SPECIFIC TYPES OF FINANCIAL INTERESTS

A. Publicly Traded Companies. If you answered yes in paragraph 5.A. of Section I, provide additional information below for each affected company.

Name of Company

Type of Equity Interest

Value of Equity Interest

Describe the company's business and how it is related to your area of research.

B. Sector Mutual Funds. If you answered yes in paragraph B of Section I, identify the names of the relevant fund(s).

Name _____

SECTION III

All Investigators must read, initial, and sign the acknowledgement below. Submit completed Statement to the VERAM's Research Financial Conflict of Interest Administrator or Committee designated by the VERAM's Executive Director as responsible for the association's research conflict of interest program: a) in sealed envelope, b) as attachment to encrypted message, or c) by uploading to FCOI Committee/Administrator secure website, if applicable.

Acknowledgement

By signing below, I certify that, to the best of my knowledge and belief, all of the information on this Statement is true, correct, and complete as of the date of my signature below, and I authorize the reviewer of this Statement to share the information contained herein with the VERAM's Research Financial Conflict of Interest Administrator or Committee on a need-to-know basis.

I understand that false or fraudulent information on this Statement may be grounds for not approving the research proposal and may be punishable by fine or imprisonment (U.S. Code, Title 18, section 1001).
(Initial)

I agree to update relevant information, contact my supervisor, and notify VERAM's FCOI Administrator or Committee with respect to any new financial interest(s) that requires me to change an answer in Section I of this Statement to "yes" or that changes the reason for a "yes" answer.
(Initial)

I understand that in addition to the disclosures required in this Statement, I am subject to the criminal conflict of interest statutes at Title 18 of the United States Code, Chapter 11, and the Executive Branch Standards of Conduct at Title 5 of the Code of Federal Regulations, Part 2635. Violation of these provisions may be sanctioned by civil and criminal penalties, as well as employment-related discipline such as removal or suspension.
(Initial)

(Signature)

For Use by Reviewing Official Only

On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations, except as noted in the "comments" box below.

Signature

Email

Telephone

I am the Institution's Financial Conflict of Interest Administrator or Committee member authorized to certify Statements

I am an OGC Deputy Ethics Official

Comments: