

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

This form was last updated on June 6, 2022.

Form B

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 either a subrecipient Investigator or a consultant investigator under a PHS or DOE prime award to Penn State, and you have confirmed that either your institution does not have a PHS- or DOE-compliant Conflict of Interest policy or you are participating as an individual consultant. 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 <u>directly related</u> to the work you will perform for Penn State under this subaward or consulting agreement. 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 or DOE 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 or DOE 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:

Office for Research Protections

Penn State University University Park, PA 16802 Phone: (814) 865-1775 Email: coinsadmin@psu.edu

Web: www.research.psu.edu/orp

Individuals with subawards from the College of Medicine at the Milton S. Hershey Medical Center are to submit completed disclosure forms to:

Office of Research Affairs

Penn State University – Hershey Medical Center Hershey, PA 17033 Phone: (717) 531 - 8495

Email: e-grants@pennstatehealth.psu.edu Web: http://med.psu.edu/research-support

II. <u>TRAINING:</u>

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

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SIGNIFICANT FINANCIAL INTEREST DISCLOSURE

Form B

| 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 | Mailing Address: | | |
| On the table below, answer "Yes" or "No" for each category of f by your spouse or your dependent children. Only indicate Sign perform for Penn State under this subaward or consulting a "Note – You do not need to disclose any Financial Interseminars from a U.S. federal, state or local government teaching hospital, medical center, or a research institut | nificant Finagreement. Tests from tagency, a | ancial Inter . Additional your emple a U.S. Inst | rests that are <u>directly related</u> to the all space is provided on page 3 if needed ployer, or any for teaching, lect titution of Higher Education, an | work you will d. cures and a academic |
| 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; | | | | \$ |
| Income from intellectual property exceeding \$5,000 (PHS)/\$0 (DOE) in the past twelve months; | | | | \$ |
| Any other intellectual property rights or interests (regardless of income) | | | | \$ |
| Sponsored or reimbursed travel exceeding \$5,000 (PHS)/\$0 (DOE) in the past twelve months. | | | | \$ |
| If you answered "Yes" to travel, the "Value" field is optional, but placestination: Duration: Purpose: 3. Is there any potential that the work you perform for Penn State disclosed? Please explain your answer (do not simply answer) 4. Does the work you will perform for Penn State under this subaw | could affect ver "yes" or | the monetar " no") . | ary value of the significant financial inte | erest being |
| I certify that I have read and understood the document entitled, ("SFI Training"). Initials | | | | ts at Penn State |
| certify that all information is complete and accurate to the best of | my knowle | dge: | | |
| | | | | |

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Additional Space for listing Significant Financial Interests:

Form B

| Entity Name | Nature of SFI (e.g., equity, compensation) | Value | |
|-------------|--|-------|--|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
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*If you listed additional travel on this page, the "Value" field is optional, but please indicate for each trip, the...
Entity:
Destination:
Duration:
Purpose:

Entity:
Destination:
Duration:
Duration:
Purpose:

Entity: Destination: Duration: Purpose:

Entity:
Destination:
Duration:
Purpose:

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