

Florida A&M University

Post-Review of Domestic and Foreign Financial and Conflict of Interests

Definitions of terms

Investigator means the principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by a federal, private, or state agencies.

Other support means any and *all* resources and affiliations made available to an investigator in support of and/or related to *all* of their research endeavors, regardless of whether or not they have monetary value and regardless of whether they are based at the institution the researcher identifies for the current grant. Other support” includes information provided to sponsoring agencies (federal, private, or state on an investigator’s Biosketch and other support forms for Just-in-Time submission. This may include:

- in-kind resources,
- financial support through grants, contracts, and other awards,
- positions and scientific appointments,
- selection to “talents” or similar-type programs, and
- “gifts” where items or funds are received with conditions attached or deliverables expected in return.

Significant financial and conflict of interests mean any and **all** significant financial and conflict of interests (such as intellectual property rights, remuneration, and equity interests) that reasonably appear to be related to the investigator’s institutional responsibilities.

Domestic entities include governments, universities, and companies that are U.S. based.

Foreign entities may include governments, universities, and companies that are non-U.S. based.

Please provide a response to the questions on the following pages. This survey should take less than 10 minutes to complete.

Financial and Conflict of Interest Annual Disclosure Post Review Interview Questionnaire

Date:						
Name:				Retrospective Review Year:		
Reason for Retrospective Review:			FCOI Disclosure	Internal Control Monitoring		
Rank/title:				FAMU ID#:		
Department:				Campus Phone:		
Email Address:						
<i>List all funded awards and contracts:</i>						
Funding Agency(ies):						
Project(s) title:					Project(s) #:	

Please attached a copy of your most recent and/or updated biographical sketch and other support document.

In the past academic year did you disclose domestic and foreign support provided on your other support form or biographical sketch to the sponsoring agency? **If you had any foreign support, please provide agency, contact person name, and address below.**

Other Support and Biosketch (Financial and Conflict of Interests)	Domestic	Foreign	Yes	No	N/A
In-kind resources (e.g., office/laboratory space, equipment, supplies, employees, students, and visiting scholars)	<input type="checkbox"/>				
Financial support through active grants	<input type="checkbox"/>				
Financial support through pending grants	<input type="checkbox"/>				
Financial support through other awards	<input type="checkbox"/>				
Financial support through cooperative agreements	<input type="checkbox"/>				
Financial support through contracts g. Professional affiliations (e.g., positions and scientific appointments)	<input type="checkbox"/>				
Current or pending participation in "talents" or similar-type programs	<input type="checkbox"/>				
"Gifts" where items or funds are received with conditions attached or deliverables expected in return	<input type="checkbox"/>				
Other type(s) of support (please provide information)	<input type="checkbox"/>				
Specify other type(s) of support					
N/A, not required	<input type="checkbox"/>				
Foreign Support Contact Information Required (List all that apply)					
Contact Information					
Name (last, first, middle initials):					
Company/Institution:					
Address:					
Phone:			Email Address:		

In the past academic year did you disclose all equity interests (e.g., stock, stock option or other ownership interest? Please provide separate responses for equity interests in entities that are publicly traded versus non-publicly traded for both domestic and foreign entities. **If you had any foreign support, please provide agency, contact person name, and address below.**

Significant Financial and Conflict of Interests	Publicly Traded	Non-publicly Traded	Domestic	Foreign	Yes	No	N/A
Any dollar amounts			<input type="checkbox"/>				
Amounts of \$5,000 or more			<input type="checkbox"/>				

Amounts less than \$5,000			<input type="checkbox"/>				
N/A, not required			<input type="checkbox"/>				
Foreign Contact Information Required (List all that apply)							
Contact Information							
Name (last, first, middle initials):							
Company/Institution:							
Address:							
Phone:				Email Address:			

In the past academic year did you report salaries other than primary employer (FAMU)? *If you had any foreign support, please provide agency, contact person name, and address below.*

Salaries received	Domestic	Foreign	Yes	No	N/A
Any dollar amounts	<input type="checkbox"/>				
Amounts of \$5,000 or more	<input type="checkbox"/>				
Amounts less than \$5,000	<input type="checkbox"/>				
N/A, not required	<input type="checkbox"/>				
Salaries received	<input type="checkbox"/>				
Any dollar amounts	<input type="checkbox"/>				
Amounts of \$5,000 or more	<input type="checkbox"/>				
Amounts less than \$5,000	<input type="checkbox"/>				
N/A, not required	<input type="checkbox"/>				
Foreign Support Contact Information Required (List all that apply)					
Contact Information					
Name (last, first, middle initials):					
Company/Institution:					
Address:					
Phone:				Email Address:	

In the past academic year did you report payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship)? *If you had any foreign support, please provide agency, contact person name, and address below.*

Payment for Services	Domestic	Foreign	Yes	No	N/A
Any dollar amounts	<input type="checkbox"/>				
Amounts of \$5,000 or more	<input type="checkbox"/>				
Amounts less than \$5,000	<input type="checkbox"/>				
N/A, not required	<input type="checkbox"/>				
Foreign Support Contact Information Required (List all that apply)					
Contact Information					
Name (last, first, middle initials):					
Company/Institution:					
Address:					
Phone:				Email Address:	

In the past academic year did you report intellectual property rights and interests (e.g., patents, copyrights)?

Payment for Services	Domestic	Foreign	Yes	No	N/A
Any dollar amounts	<input type="checkbox"/>				
Amounts of \$5,000 or more					
Amounts less than \$5,000					
N/A, not required					
Foreign Support Contact Information Required (List all that apply)					
Contact Information					
Name (last, first, middle initials):					
Company/Institution:					
Address:					
Phone:		Email Address:			

In the past academic year did you report gifts? (Please note that a gift is defined as the voluntary transfer of property or funds to another without receiving anything of value in return and without conditions attached.)

Payment for Services	Domestic	Foreign	Yes	No	N/A
Any dollar amounts	<input type="checkbox"/>				
Amounts of \$5,000 or more	<input type="checkbox"/>				
Amounts less than \$5,000	<input type="checkbox"/>				
N/A, not required	<input type="checkbox"/>				
Foreign Support Contact Information Required (List all that apply)					
Contact Information					
Name (last, first, middle initials):					
Company/Institution:					
Address:					
Phone:		Email Address:			

In the past academic year did you report travel that was sponsored or reimbursed (paid) for by a domestic or foreign entity not known to the University?

Sponsored or reimbursed travel paid	Domestic	Foreign	Yes	No	N/A
Any dollar amounts	<input type="checkbox"/>				
Amounts of \$5,000 or more	<input type="checkbox"/>				
Amounts less than \$5,000	<input type="checkbox"/>				
N/A, not required	<input type="checkbox"/>				
Foreign Support Contact Information Required (List all that apply)					
Contact Information					
Name (last, first, middle initials):					
Company/Institution:					
Address:					
Phone:		Email Address:			

ACTIONS/FINDINGS/RECOMMENDATIONS

Actions, findings, and/or recommendations must be attached to this report and routed to appropriate unit(s).

	Domestic	Foreign	Yes	No	N/A	Comments
Action taken:	<input type="checkbox"/>					
	Domestic	Foreign	Yes	No	N/A	Comments
Findings:	<input type="checkbox"/>					
	Domestic	Foreign	Yes	No	N/A	Comments
Recommendations:	<input type="checkbox"/>					

REVIEWER

Contact Information			
Name (last, first, middle initials):		Date of Review:	
Company/Institution:			
Address:			
Phone:		Email Address:	
Signature:		Completion Date:	