

American University of Beirut
Significant Financial Interest (SFI) and Consent Form
for Federally Funded Research and Development Projects

Complete this form if you are a AUB Principal Investigator (PI) applying for or holding PHS funding or involved as an Investigator on a PHS funded project; or a non-AUB Investigator and are following AUB's PHS Financial Conflict of Interest procedure. Upon completion, return this form to the Federal Compliance manager at the Office of Grants and Contracts (OGC).

Reason for Disclosure

Please check only one option.

- | | |
|--|---|
| <input type="checkbox"/> Submitting a Grant Application | <input type="checkbox"/> Annual Renewal |
| <input type="checkbox"/> Update /New Reportable Interest (SFI) | <input type="checkbox"/> New Investigator on an Awarded Grant |
| <input type="checkbox"/> Supplemental/Extension/Additional Funding | |

Status of the Grant

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Being Submitted | <input type="checkbox"/> Awarded |
| <input type="checkbox"/> AUB is the Prime Awardee | <input type="checkbox"/> AUB is a Subrecipient/Subawardee |

A. Project Information

Title of Project:

Grant # if known:

Sponsor:

AUB Fund# if known:

Prime Awardee Institution:

Awardee Principal Investigator (PI):

AUB PI (if not the Prime Awardee):

Email:

B. Investigator Information

Your Role on the Study:

- AUB PI AUB Investigator Non-AUB PI Non-AUB Investigator

Name: _____ **Email:** _____

Phone: _____ **Department:** _____ **Faculty:** _____

C. Other Investigator Information (Please check only one option only if you are the AUB Principal Investigator)

- AUB is the prime awardee and there are NO Investigators other than the PI on this grant application/study
- AUB is a sub-recipient and there are NO Investigators other than the PI on the AUB part of this grant application/study
- There have been no changes to the List of Investigators previously submitted
- A current List of Investigators is attached

D. Disclosure Information

a. No Change in Financial Interests

- I certify that there have been no changes in the significant financial interests of myself, my spouse/partner and/or my dependent children since my previous disclosure, dated _____ (must be within the past 12 months).

If you certified in 4.A that there have been no changes to your current SFI Disclosure, you may skip to 5.

b. Publicly Traded Entities: Income and Equity interests

Have you, your spouse/partner and/or dependent children received income or payment for services in the past 12 months or do you own an equity interest in any publicly traded entity which exceed \$5,000 when aggregated, and which would reasonably appear to be related to your institutional responsibilities? This includes salary supplementation paid through AUB University as a result of sponsored contracts administered by AUB. This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

- Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Description

c. Non-Publicly Traded Entities

i. Income

Have you, your spouse/partner and/or dependent children received income or other payment for services from any non-publicly traded entity in the past 12 months, exceeding \$5,000 when aggregated which would reasonably appear to be related to your institutional responsibilities? This includes salary supplementation paid through AUB University as a result of sponsored contracts administered by AUB. This does not include income from seminars, lectures, or teaching engagements sponsored by a US federal, state, or local government agency, a US institution of higher education or a research institute affiliated with a US institution of higher education.

- Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Description

ii. Equity

Do you, your spouse/partner and/or dependent children currently own, or have you acquired in the past 12 months, any equity interest in a non-publicly traded entity which would reasonably appear to be related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

- Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Description

iii. Intellectual Property Rights and Interests

Have you, your spouse/partner, and/or dependent children received any payments in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than AUB) which would reasonably appear to be related to your institutional responsibilities?

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Description

iv. Travel Reimbursement / Sponsorship

In the last 12 months, has any one entity (for-profit or non-profit) reimbursed travel or sponsored travel for you, with a total monetary value of \$5,000 or more, which would reasonably appear to be related to your institutional responsibilities? *This does NOT include travel sponsored or reimbursed by a US federal, state or local government agency, a US institution of higher education, or a research institute that is affiliated with a US institution of higher education.* Changes to this section must be reported within 30 days from the time they arise. Any sponsored or reimbursed travel exceeding an aggregate annual total of \$5,000 from a single entity is subject to the 30-day reporting requirement.

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Purpose of the trip:

Name of sponsor/organizer:

Destination:

Dates of travel:

Estimated value:

5. Consent

I certify that this is a complete disclosure of all my, my spouse’s and/or dependent children’s significant financial interests (SFIs) related to my institutional responsibilities and I have used all reasonable diligence in preparing this SFI Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that, by signing my name below, it is my responsibility to file an updated disclosure annually while I am participating in PHS funded research and within 30 days of discovering or acquiring a new SFI.

In the event that the University’s Designated Official for US Financial Conflict of Interest matters determines that any SFI that I have disclosed on this form constitutes a financial conflict of interest (FCOI) in accordance with the PHS Regulations (42 CFR Part 50 and 45 CFR Part 94), I voluntarily authorize the DO to disclose information related to that FCOI to the AUB PI (if applicable), to the prime awardee institution and PI (if applicable), to the AUB

administrative units as required by AUB procedure and to the Sponsor for the purposes of grant reporting, as required under the PHS Regulations.

In the event that a member of the public makes a written request for information on the FCOI identified by the DO, I voluntarily authorize AUB to disclose my personal information pertaining to the request to the member of the public making such request, as required by the PHS Regulations.

I understand that I may withdraw consent at any time by notifying AUB's Office of Grants and Contracts in writing. I understand that the withdrawal of consent may result in the suspension or termination of PHS funding for the related project.

This consent will expire automatically three (3) years from the date of consent.

Full Name: _____

Date: _____

Signature: _____

Upon completion, return this form to the Federal Compliance Manager at the Office of Grants and Contracts.

AUB REVIEW: By Director, Provost/designee, or President response: *(mark one as applicable)*

No SFI. I have reviewed this disclosure form and agree and acknowledge that the investigator has no significant financial interests related to their AUB institutional responsibilities.

Review pending. I acknowledge receipt of this disclosure form, and will review upon notice of funding award, and in accordance with AUB's policies and procedures.

Review of SFI disclosure. I have reviewed the significant financial interest(s) described here, and in consultation with the investigator have determined:

- No potential FCOI exists.
- Actual or apparent FCOI exists that may directly and significantly affect the design, conduct or reporting of AUB research. Referred to Provost, or Conflict of Interest Advisory Committee (CIAC) for final review and management.

Reviewer's Name: _____

Signature: _____

Date: _____