



Ursinus College

601 E. Main Street • Collegeville, Pa. 19426

ursinus.edu

INTERNAL : 9 @ @ C K G < - D FORM

Completion of this form indicates official sanction of the outgoing application. Please obtain signatures on the second page and submit signed form to the Advancement Office **five business days prior to the due date.**

Submission Deadline: _____

Electronically? Y or N

: 9 @ @ C K G < - D DATA (a copy of the fellowship application must be attached):

Faculty/Principal Investigator: _____

Department: _____

Foundation, Agency, Program Name _____

Proposed Start Date of fellowship, if awarded: _____ Proposed End Date of fellowship, if awarded: _____

PROFESSIONAL LEAVE

Anticipated length of professional leave: _____

Preferred time period of professional leave: _____

BUDGET (You must provide a detailed draft budget)

PI, Key Personnel, and Chair(s) are responsible for adhering to College policies and procedures; accepting responsibility for excess expenditures and disallowed costs; ensuring all costs incurred are project related and in accordance with any terms, conditions and time frames, and ensuring the technical and reporting requirements of the project are satisfied.

Fellowship Request: \$ _____

College Match / Cost-Sharing Request: \$ _____

Project Total \$ _____

COST SHARING: (note: any cost sharing must include an account number to charge cost-sharing and the appropriate sign-off below)

College to supply required cost-sharing. The amount is: \$ _____ Account Number(s): _____

College to supply voluntary cost-sharing. The amount is: \$ _____ Account Number(s): _____

REQUEST FOR COURSE RELEASE

This fellowship includes a request for academic year release time. (Attach justification, see instructions)

Requested course(s) to be released: _____

CONFLICT OF INTEREST

Note: Principal Investigators must review the Ursinus College Financial Conflict of Interest (FCOI) policy, complete the Significant Financial Interest Disclosure Form and partake in the CITI training "Conflict of Interest" course.

There is a potential "significant financial interest" related to this project, detailed in the attached.

There is NO Conflict of Interest. The disclosure policy form is signed and attached.

PUBLICATION/PRESS

I would like to be interviewed for publication/press: Y or N

REMARKS:



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Fellowship ROUTING:

Electronic signatures are acceptable. Signatures should be obtained in order. Advancement Office will sign upon submission of the

I assure that all of the above information is correct to the best of my knowledge. I certify that statements made on this form indicate that the application is in accord with the academic standards and goals of the originating department, the institutional policies of the department and Ursinus College, and the policies and/or governing regulations of the sponsoring agency.

I agree that the final application may be shared within Ursinus College as a learning tool. I agree to readily supply officers of the institution with all copies of my reviews, and understand that these may be shared within the college to improve future applications.

Ursinus Faculty / PI: _____

The attached application has been examined by the officials whose signatures appear below. The principal academic review of the application is the responsibility of the Department Chair and College Dean. These signatures indicate that the signers are familiar with the application, and except as noted and initialed in the remarks section, are satisfied with and responsible for all commitments in the application as they relate to their respective areas (e.g. space, personnel, financial, etc.).

1. Department Chair
Of PI's department

2. Dean of the College
Or delegate
Academic Affairs

3. Business Officer
Business Office

4. Advancement/
Corporate, Government, and Foundation Relations
Officer

Ursinus College Significant Financial Interest Disclosure Form

A conflict exists when a reasonable observer could conclude that the financial interests of the investigator could directly and significantly affect the design, conduct, or reporting of the research (NCURA, 10/04). It is Ursinus College's responsibility to ensure that faculty disclose their **current, potential, and / or appearance of a conflict of interest** when faculty are seeking external funding.

1. Scope.

This conflict of interest policy applies to faculty members who are seeking external funding, whether this funding is from federal, state, local, or private sources.

2. Responsibilities.

Faculty may be involved in the affairs of other institutions, organizations, and businesses. Such relationships may be perceived as conflicts of interest. Although most such potential conflicts are inconsequential, each faculty member is responsible for informing the college and the potential funder of situations that involve personal, familial, or business relationships that could create conflicts regarding their research project.

The College requires a Conflict of Interest Disclosure statement from each faculty member prior to the application for external funding. The form must be updated annually or whenever a new conflict emerges. The statement discloses any personal, familial, or business relationships that reasonably could give rise to a conflict involving the College, and it acknowledges compliance with the letter and spirit of this policy.

3. Disclosure.

Please list on this form those substantive relationships that you or members of your family maintain with organizations that do business with the College or that are connected to your research. Please also list any other relationships that could be construed to potentially bias your judgment.

In addition to this form, it is appropriate to disclose to the funding agency any current or potential conflict of interest within your proposal narrative.

In the event you are uncertain as to the appropriateness of listing a particular relationship, the Dean should be consulted. She may then elect to consult with the President or legal counsel. Such information, including information provided on this form, shall be held in confidence except when, after consultation with you, disclosure is appropriate.

The following definitions are provided to help you decide whether a relationship should be listed on this form:

- ❖ Family Member: A spouse, parents, siblings, children, or any other relative who resides in your household.
- ❖ Business Relationship: One in which you or a member of your family serves as an officer, director, employee, partner, trustee, or controlling stockholder of an organization that does substantial business with the College.

- ❖ The Public Health Service (PHS) defines “significant financial interest” as follows:
“*Significant Financial Interest*” means anything of monetary value, including but not limited to, salary or other payments for services (e.g. consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights).”
- ❖ Substantial Benefit: You or a member of your family are the actual or beneficial owner of more than 5 percent of the voting stock or controlling interest of an organization that does substantial business with the College, or is involved in the proposed research, or you or a member of your family have other direct or indirect dealings with an organization from which you or a member of your family benefits directly, indirectly, or potentially from cash or property receipts totaling \$5,000 or more annually.

Conflict of Interest Disclosure Statement

Please complete the following statement and return this form to the Grants Office prior to your application for funding.

1. Are you aware of any relationships between the College and you or a member of your family that may represent a conflict of interest as defined by the letter or spirit of this policy?

Yes No

2. Did you or a member of your family receive, during the past 12 months, any gifts or loans from any source with which the College has significant business dealings?

Yes No

If the answer to either of the above questions is yes, give answers to the questions on the following page.

I certify that the foregoing information is true and complete to the best of my knowledge.

Signature _____

Date _____

If the answer to either of the above questions is yes, give answers to the questions below:

- Investigator's name
- Entity name in which the Investigator (and spouse and dependent children) has an SFI
- Disclosure requirement that is consistent with the institution's definition of SFI
- Disclosure of financial interests in the 12 months preceding the disclosure and value of equity interest as of the date of disclosure
- Provide for disclosure of intellectual property (IP) rights and interests (e.g., patents, copyrights), upon the receipt of income related to such rights and interests (Note: Institutions may impose a \$5,000 threshold for IP rights and interests as described in the [Final Rule](#) on page 53265).
- Provide for the disclosure of reimbursed or sponsored travel that includes at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration.
- Ensure the SFI definition includes the "U.S.C. Code 20 U.S.C. 1001(a)" which refers to "domestic" institutions (see FAQs [E.21](#) and [E.24](#) and NIH Guide Notice [NOT-OD-18-160](#)).
- Clarify that disclosure is required for all financial interests received from a foreign institution of higher education or the government of another country (see FAQs [E.21](#) and [E.24](#) and NIH Guide Notice [NOT-OD-18-160](#)).
 - The value of the SFI.
 - Provide a distinction whether the SFI is from a publicly traded or non-publicly traded entity.
 - Provide a description of the nature of the SFI (e.g., salary, royalties, consulting fees, honoraria, paid authorship, reimbursed or sponsored travel).
 - Provide an indication whether the SFI is related to any Public Health Service application and/or funded project and an explanation for the relatedness. Some information to consider:
 - The institution's designated official(s) makes the determination whether the SFI is an FCOI (i.e., an SFI that could directly and significantly affect the design, conduct, or reporting of the PHS/NIH-funded research).
 - Per the preamble in the [Final Rule](#) (page 53261), "significantly" means "...the financial interest would have a 'material effect on the research'...".