

ANU Investigator US Financial Conflict of Interest (FCOI) Disclosure Form

Research Funding and Development Office, Research Services Division

Please send the completed form to your local college research office with the application

Please refer to the University requirements regarding US Financial Conflict of Interest.

Name of Investigator completing the form: _____

Investigator Email address: _____ Investigator Phone: _____

Institution/Employer Name: _____

Title of Grant: _____

ANU Principal Investigator: _____

By signing and submitting this form you are certifying:

- A. I have read and understand the University US Financial Conflict of Interest Requirements.
- B. To the best of my knowledge, I have made all required disclosures as required by the grant funder.
- C. I agree to comply with any conditions or restrictions imposed by the University for the purpose of managing, reducing, or eliminating actual or apparent conflicts of interest in connection with this grant. If I am unable to comply, I understand that the University may decline the grant award or terminate the funded research program.
- D. I understand that in addition to complying with the University and Australian requirements I will also comply with the relevant US regulation for disclosing Financial Conflicts of Interest.
- E. I consent to my personal information being provided disclosed to the fund provider in accordance with the application guidelines or the terms and conditions of the grant. If I am unable to comply, I understand that the University may decline the grant award or terminate the funded research program.
- F. I understand that information provided to the US government will be stored and accessed in accordance with US legislation. The University cannot guarantee information provided will be held in accordance with Australian Privacy Principles.
- G. I understand my obligation to disclose any change(s) within 30 days of acquiring a new significant financial interest or other conflict of interest that may arise after submission of this form

Do you, including your spouse and dependent children, have any Significant Financial Interests (SFIs) related to your responsibilities or research conducted at the ANU?

Yes, I have Significant Financial Interests to report. (please provide information about your SFIs including reimbursed and sponsored travel on the next page)

No, I have no Significant Financial Interests, including travel, to report.

Investigator Signature:

Date:

The information provided below will be treated as Confidential. Please contact the **Research Funding and Development Office** at preaward.rsd@anu.edu.au.

Interest/Activity Type	Entity Name	Interest/compensation/reimbursement amount	Describe interest/activity (person holding interest, work performed...)
Equity/Ownership (stock, stock options...)			
Remuneration (consulting fees, speaker's bureau, honoraria...)			
Associations, Memberships, Positions (board of directors, offices...)			
Intellectual Property rights/ Royalty Income (not via Brown)			
Travel			Destination/Duration/Purpose:

Additional Comments: