

LOCAL APPROVALS

Following are three *local approval forms* required upon submission of each grant application to the

National Institutes of Health

- Standard routing form (2 pages)
- Financial Conflict of Interest Disclosure Form (4 pages)
- Assurance Statement (1 page)

Questions regarding any of these forms? Contact Tom Murphy at extension 3215.

Re: Financial Conflict of Interest, bullet point 2 above.

Regulations governing Financial Conflicts of Interest (FCOI) were originally introduced by the National Institutes of Health (NIH) in 1995. In August 2012, new regulations affecting the entire U.S. Public Health Service, including the NIH, went into effect. These new regulations apply to all investigators identified in a research grant application or involved in a PHS-supported project. The new regulations require that investigators:

- (1) complete a training program on avoiding/managing financial conflicts of interest, see: <https://www.citiprogram.org/>; and,
- (2) complete a disclosure form identifying possible financial conflicts.

The State University of New York and The Research Foundation for the State University of New York have jointly prepared a NIH-FCOI policy statement and Disclosure Form (provided herein) and have identified an online tutorial program that will satisfy training requirements.

If you plan to submit a grant application to the NIH, please contact Tom Murphy in the Office for Research and Sponsored Programs (ext. 3215) for guidance on FCOI policy matters and for information concerning the FCOI tutorial. **Please note: Both the tutorial and the Disclosure Form must be completed before an application can be submitted to the NIH.**



Office for Research and Sponsored Programs – Local Approvals Checklist

All applications for grant support are subject to prior institutional review with approval signatures to be recorded using this checklist/form. Complete grant applications should be submitted to the Office for Research and Sponsored Programs (ORSP) with a completed copy of this form at least ten (10) days in advance of the potential sponsor’s deadline. Campus officials recognize such a lead time may not always be possible; for this reason we highlight that if a complete proposal is not received at least 4 full business days in advance of a sponsor’s deadline, the application is at very high risk of not being approved for submission. For assistance in completing this form contact the ORSP at extension 3215.

For further information visit: www.oldwestbury.edu/research

I. PROJECT INFORMATION

Project Type (please check one)

Preliminary Proposal

New Proposal

Progress Rep./Continuation

Competing Renewal

Revised Submission

Project

Period: _____ through _____

Sponsor: _____

RFA or Program Announcement #: _____

Due date: _____

Project Title: _____

II. PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR (PRIMARY CONTACT PERSON)

- Name: _____ Dept: _____
Ac Yr effort and salary recovery: _____
Other compensation (Summer / Extra Service): _____

Other faculty Involved in project (if any). Note: Signatures of PD/PI and all faculty collaborators required on back page.

- Name: _____ Dept: _____
Ac Yr effort and salary recovery: _____
Other compensation (Summer / Extra Service): _____

- Name: _____ Dept: _____
Ac Yr effort and salary recovery: _____
Other compensation (Summer / Extra Service): _____

III . PROJECT COMPLIANCE ISSUES Please check all that apply. This project:

involves the use of humans as subjects. (IRB status: _____)

involves the use of live vertebrate animals. (IACUC status: _____)

will generate radioactive waste or other hazardous waste materials.

may be subject to Export Control licensing. (**IMPORTANT:** Project Directors should consult with the College’s ORSP whenever a proposal includes foreign travel; collaboration with a foreign national; the shipment of information, data, or equipment abroad; or any other interaction with person(s) or organization(s) from foreign nations).

Appendix E

PHS Significant Financial Interest Disclosure Form

Name of Investigator	
Title	Campus
Department	
Project(s) / Proposal(s)	

1. List the names of all **publicly traded entities** from which you or a Related Party¹ receive remuneration² or in which you or a Related Party hold an equity interest³. Report only those entities from which the aggregate of remuneration received in the preceeding 12 months and the current value of equity interests exceeds \$5,000.

Name (self/Related Party)	Relationship	Entity	Nature	Amount

¹ A Related Party is your spouse or dependent child.

² Remunerations include, salaries, consulting fees, honoraria, or paid authorship.

³ Equity interests include, stock, stock options, or other ownership interests.

2. List the names of all **non-publicly traded entities** from which you or a Related Party receive remuneration. Report only those entities from which remunerations received over the preceding 12 months exceed \$5,000.

Name (self/Related Party)	Relationship	Entity	Nature

3. List the names of all **non-publicly traded companies** in which you or a Related Party hold an equity interest. .

Name (self/Related Party)	Relationship	Entity	Nature

4. List and describe intellectual property rights or interests (e.g., patents, copyrights) held by you or a Related Party, royalties from such rights, and/or agreements to share in royalties related to such rights. Do not include intellectual property rights assigned to SUNY or the Research Foundation, or agreements to share in royalties related to such rights.

Name (self/Related Party)	Relationship	Nature	Income Received (Y/N)

5. List and describe any reimbursed or sponsored⁴ travel related to your institutional responsibilities. You do not need to disclose travel that was reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education⁵, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Date	Purpose of Trip	Sponsor/ Organizer	Destination	Duration	Estimated Amount

6. If you believe the interests indicated above are not related to your institutional responsibilities, explain the reasons for your belief.

7. Describe whether, and how, the financial interests described in items 2-5 above may be affected by the Project or is an interest in an entity whose financial interest could be affected by the Project.

For all of the above, please use additional pages if necessary.

⁴ That which is paid on your behalf but not reimbursed whether you know the exact monetary value.

⁵ See definition in 20 U.S.C. § 1001(a). The definition includes SUNY Campuses.

By signing below, Investigator (1) certifies that this form provides an accurate report of the Investigator's t Significant Financial Interests, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests prior to PHS award receipt, as those interests change, and on an annual basis during the project award period.

Investigator

Date

Supplement to Local Approval Form
for applicants to the National Institutes of Health

Principal Investigator's Assurance Statement *

Principal Investigator: _____

Project Title: _____

Application due date: _____

Principal Investigator (PI) on the referenced grant application to be submitted to the National Institutes of Health via Grants.gov hereby certifies:

- (1) that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
- (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and
- (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application."

PI SIGNATURE AND DATE

* The assurance statements appearing above have been prescribed by the NIH and must be recorded by the College prior to submission of NIH grant proposals. For further information regarding this requirement, see NIH Notice NOT-OD-06-054 available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>. If you have any additional questions or concerns regarding the document, please contact Tom Murphy at extension 3215 or via e-mail at murphyt@oldwestbury.edu.