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# Office of Sponsored Programs and Foundation Relations

# FINANCIAL CONFLICT OF INTEREST MANAGEMENT PLAN

# To accompany FCOI forms that disclose significant financial interests

# that need to be managed, reduced, or eliminated

# *Created July 2019*

# *Last reviewed: July 2021*

# *Next review: Fall 2023*

|  |  |
| --- | --- |
| Faculty/Staff Name:  | Position/Title:  |
| Grant Title: | Agency/Sponsor: |
| Project Role: [ ]  PD/PI [ ] Co-PD/PI [ ] Senior/Key Personnel [ ] Consultant [ ] Subrecipient [ ] Other (explain):  |
| Provost/Designee: | Title (if designee): |
| Date completed: |

# Enter only the category of each SFI disclosed (i.e., salary or other payments for services from an outside entity, equity interests, intellectual property rights, and/or a fiduciary or management role for a sponsor, vendor or (sub)contractor related to the sponsored project)*.*

# Briefly describe all actions taken to manage any potential COIs arising from the individual’s disclosed SFIs. Examples of conditions or restrictions to manage a FCOI, include, but are not limited to:

# Public disclosure of COI in abstracts, publications, presentations, press releases, social medial and in proposals and applications for funding

# Disclosure of COI to study participants

# Appointment of an independent monitor

# Change of personnel or personnel responsibilities

# Consider divestiture or withdrawal from conflicted activity, if necessary, if management appears unlikely to succeed.

# If no management plan is needed, please provide a justification (e.g., “individual does not conduct research sponsored by, or of commercial interest to, the company” or “individual has no impact on decisions regarding finances”).

# Describe how the management plan will be monitored and with what frequency.

[Copy boxes, as needed.]

|  |  |
| --- | --- |
| **SFI disclosed:** |  |
| **Describe the institution’s plan of action to manage the potential conflict of interest or explain why management is not needed):** |  |
| **Describe how the plan will be monitored to ensure compliance:** |  |

**CERTIFICATION BY PROVOST OR DESIGNEE:**

|  |  |  |
| --- | --- | --- |
| I have reviewed the Significant Financial Interest (SFI) disclosure and believe that it will be possible to manage, reduce, or eliminate any actual or potential conflicts of interest as outlined above. I recommend that the proposal be submitted to the agency at this time. | [ ] YES | [ ] NO |
| I consider this case satisfactorily resolved. | [ ] YES | [ ] NO |

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Signature of provost/designee Date

|  |  |  |
| --- | --- | --- |
| I agree with the management plan laid out above. | [ ] YES | [ ] NO |

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Signature of faculty/staff member Date

***NOTE:*** *This information will be treated confidentially and made available only to the extent necessary for the review and resolution of potential conflicts.*