

FCOI Disclosure Attachment for Investigators in Externally Sponsored Programs

(ORCR Form #2.0)

This form is confidential and may be reviewed only by the appropriate Department Head/Director/Dean and others as designated in the UO Financial Conflict of Interest policy. Originals are submitted to the Office for Responsible Conduct of Research. Copies may be made only by the signer and by the Office for Responsible Conduct of Research and originals and copies maintained only in their respective filing systems.

Who should complete this form?

All Investigators who answered "Yes" to the question on the FCOI Annual Disclosure Form (ORCR Form #1.0) must complete this FCOI Disclosure Attachment (ORCR Form #2.0) *for each entity* in which they and/or their family member(s) have a significant financial interest. "Family members" is defined as the Investigator's spouse, domestic partner, and/or dependent children.

When do I complete this form?

Complete this form at the same time as your Financial Conflict of Interest Annual Disclosure Form (ORCR Form #1.0). FCOI Annual Disclosures are due May 1st of each year. Staple the forms together and submit them at the same time.

Where can I find more information?

For more information about the UO Financial Conflict of Interest policy, forms, and disclosure process, visit: <http://orcr.uoregon.edu>.

Please use a separate FCOI Disclosure Attachment for each external entity. Additional sheets may be used if more space is needed for your responses.

Name:

Disclosure Year:

This is the previous calendar (January-December) year.

1. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest?

2. Type of entity:
 Non-profit Governmental For-profit (publicly-owned) For-profit (privately-held)

3. What is the primary business of this entity?

4. Do you have a UO Management Plan in place for this financial interest with this entity?
 No Yes

5. Briefly describe the nature and extent of the financial interest of you and/or your family member(s).

6. Is the financial interest derived from royalties or licensing fees? If yes, describe the intellectual property to which these interests are related and any associated agreements with the university.

(Continue to Reverse Side)

7. Describe the role of you and/or your family member(s) with this entity (e.g., shareholder, director, officer, employee, independent contractor, etc.)?

8. (a) What is the nature of the work that you and/or your family member(s) perform for this entity?

(b) How does the work you and/or your family member(s) perform for this entity relate to your university research or sponsored program?

9. Check all of the following relationships that this entity has with the UO:
 Licensee of UO Innovation Vendor Research Collaborator Donor (Gift)
 Employs UO Graduate Students Unknown Other (Please explain)

10. With respect to your UO sponsored research or sponsored program:
(a) Are any family members paid through your award? No Yes
If "Yes," please provide their name(s): _____
(b) Have you applied for or have current funding from NIH? No Yes
(c) Have you applied for or have current funding from NSF? No Yes

11. Does this entity or any of its employees use space, equipment, or facilities at UO on behalf of the entity?
 No Yes - Past 12 months Yes - Next 12 months
If "Yes", please identify the resources that were/will be used and if there is a written agreement between the UO and the entity to manage their use.

12. Please explain what steps you and/or your family member(s) take (or propose to take) to manage, reduce, or eliminate potential or actual financial conflicts of interest with this entity:

Please sign this form *and* the FCOI Annual Disclosure Form (ORCR Form #1.0), staple them together, and submit to: UO Office for Responsible Conduct of Research, 1600 Millrace Drive, Suite 105, 5215 University of Oregon, Eugene, OR, 97403-5215 U.S.A.

I agree to abide by University of Oregon's Financial Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by University of Oregon, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature: _____ Date: _____

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