

**Grants Management Office (GMO)**  
**Faculty of Medicine and Health Sciences (FHMS) Stellenbosch University (SU)**

**Appendix 1 - Financial Conflict of Interest (FCOI) Form for SU Investigators**

The United States (US) Public Health Service (PHS) FCOI policy mandates that SU FMHS requires Principal Investigators (PI), Key Personnel (KP) & Consultants to disclose information should a FCOI be present. As PI or KP applying for a US grant, you must disclose on this form any significant financial interest (SFI) held by **you** or **members of your immediate family** (Spouse, dependents, all members of your household) that are directly related to the research you are conducting at SU FMHS.

**Appendix 1 must be completed for each of the investigators (PI, KP & Consultants) on every new project. The form must be completed prior the grant submission, at the time the Notice of Award (NOA) is issued and then annually at the time of renewal**

**NIH FCOI Training is compulsory: [https://grants.nih.gov/grants/policy/coi/tutorial2018/story\\_html5.html](https://grants.nih.gov/grants/policy/coi/tutorial2018/story_html5.html)**

**DISCLOSURE MUST BE MADE**

1. Not later than the time of the application for the funded research
2. At the time the Notice of Award (NOA) is issued
3. Annually, during the period of award
4. Within 30 days of discovery or acquiring (e.g. purchase, marriage, inheritance) of a SFI; and
5. In accordance with the SU FMHS policy.

**FINANCIALLY SUPPORTED PROJECT TITLE**

**NAME OF FUNDING ORGANIZATION**

**NOFO # or NOA#**

**TITLE & NAME OF INVESTIGATOR**

**DATE**

**SIGNATURE (Add your Adobe digital Signature once you have completed the form)**

**DISCLOSURE COMPANIES**

During any 12 month window, did you or your immediate family expect to receive remuneration (salary of payment for services) from any public traded entity related to the research you are conducting at SU FHMS that either alone or aggregated with the value of any equity you currently hold in that entity, exceeds R5000?

**Value exceeds R5000**

If **YES**, provide the **name(s)**, actual/anticipated **amounts** and the **currencies**

**YES**

**NO**

**NATURE OF THE REMUNERATIVE ACTIVITY**

**DISCLOSURE OF EQUITY**

Do you or your immediate family currently, or during the last 12 months hold any equity interest in a non-publicly hold traded entity related to the research you are conducting at SU FMHS?

If **YES**, provide the name(s)

**YES**

**NO**

**DISCLOSURE OF TRAVEL EXPENSES**

During any 12 month window within the past 12 months through the coming 12 months, have you had, or do you expect to have, travel expenses related to the research you are conducting that exceed R5000 for a trip or series of trips reimbursed or sponsored by any one entity? NOTE: Do not disclose travel that is reimbursed or sponsored by an accredited institution of higher education, an academic teaching hospital, provincial government or state government.

**Value exceeds R5000**

If **YES**, provide the **name(s)**, actual/anticipated **amounts** and the **currencies**

**YES**

**NO**

**Purpose of trip(s), destinations and duration of travel**

**INVENTIONS, COPYRIGHT, PATENTS LICENSED TO A COMPANY**

Are you or your immediate family the inventor of any technology on which you will conduct evaluative or developmental research at SU FHMS that is protected by copyright, the subject of an issued patent, or that has been optioned or licensed to a company.

If YES, briefly describe the nature of the technology, including patent or copyright numbers.

**YES**

**NO**