

SPA LOG#
SPA USE ONLY!
COM LOG#

Financial Conflicts of Interest Certification

UNIVERSITY OF SOUTH ALABAMA

Principal Investigator & Project

PI: _____ AGENCY: _____

Project Title: _____

Disclosure Requirements for Public Health Service (PHS) Agencies

The proposed project or relationship with the Sponsor requires disclosure of financial conflicts of interests* related to institutional responsibilities. Provide the following information for each person who is identified as senior/key personnel** and others who may be identified as responsible for the design, conduct or reporting of the research. All individuals listed below must have on file an [Annual Conflict of Interest Disclosure form](#) at the time of grant application. The University's designated official(s) [department chair/supervisor] is responsible for the review of disclosures to determine if employees' financial interest is related to the research and if the financial interest may directly and significantly affect the design, conduct, or reporting of the research. By signing this form, all investigators certify that they have read and understand USA's policy on Financial Conflict of Interest. (Note: If additional individuals or TBD will be identified when the proposal is awarded, these individuals must be named at the time of award or subsequently updated, by completing the section below and submitting it to the Office of Sponsored Projects Administration at: dmusgrove@southalabama.edu)

Key Personnel & Disclosures

NAME	ROLE	If other, describe	DISCLOSURE FORM FILED	SIGNATURE

If all key personnel cannot fit, please use an additional form.

* **Financial conflict of interest:** Interactions that involve any amount of Financial Interest on the part of each Employee or Employee's Family as well as of all interactions that could be reasonably perceived to bias any professional, institutional or research activity.

** **Senior/key personnel:** Individuals who have the authority to make independent decisions about the direction of the research and the subsequent conclusions about the results. This does not include administrative personnel or individuals who perform routine, pre-defined, or incidental tasks related to the project.

Public Health Service Agencies:

- | | |
|--|--|
| Office of the Assistant Secretary for Health (OASH) | Food and Drug Administration (FDA) |
| Office of the Assistant Secretary for Preparedness and Response (ASPR) | Health Resources and Services Administration (HRSA) |
| Office of Global Affairs (OGA) | Indian Health Service (IHS) |
| Agency for Healthcare Research and Quality (AHRQ) | National Institutes of Health (NIH) |
| Substance Abuse & Mental Health Services Adm (SAMHSA)Centers for Disease Control (CDC) | Agency for Toxic Substances and Disease Registry (ATSDR) |

PRINCIPAL INVESTIGATOR

I, the Principal Investigator, do attest to the best of my knowledge that the above information is correct. I further attest that I am aware that future additions of key personnel must be documented on this form and subsequently submitted to the Office of Sponsored Projects Administration at: dmusgrove@southalabama.edu.

PI NAME

SIGNATURE

DATE