

# Non-Brown Investigator Financial Conflict of Interest (FCOI) Disclosure Form

## Brown University Office of Vice President for Research

To be used only for Non-Brown Investigators: a) that are not covered under an institutional subcontract or b) that are covered under an institutional subcontract and the institution agrees to abide by Brown University's policy. Please send the completed form to [COI@brown.edu](mailto:COI@brown.edu).

Please refer to the Brown University [Conflict of Interest in Research Policy](#).

Name of Investigator completing the form: \_\_\_\_\_

Investigator Email address: \_\_\_\_\_ Investigator Phone: \_\_\_\_\_

Institution/Employer Name: \_\_\_\_\_

Title of Grant: \_\_\_\_\_

Brown Principal Investigator: \_\_\_\_\_

A "Significant Financial Interest" (SFI) is defined as the receipt by you, your spouse, or your dependent children of any of the following:

- **Income that exceeds \$5,000** from any outside entity, measured on a rolling 12-month basis. This may be one payment from a particular company of more than \$5000, or multiple payments from the same company that in the aggregate exceed \$5000 and are received within the previous 12 months.
- Acquisition of **equity in a public company that exceeds \$5000** in value;
- **Aggregated income and equity/ownership interest** from a public company **that exceeds \$5,000**, as measured on a rolling 12-month basis;
- **ANY equity/ownership interest in a privately-held company;**
- **An income that exceeds \$5,000 from rights in intellectual property**, as measured on a rolling 12 month basis;
- **All reimbursed and "sponsored" travel that exceeds \$5,000**, as measured on a rolling 12-month basis.

Excluded from this definition are payments (including travel) received from Brown. Also excluded from this definition are payments received from any of the following entities, provided these payments are received for teaching engagements, lectures, seminars, or services on advisory committees or review panels:

- Government agencies
- US institutions of higher education and research institutes affiliated with them
- Academic teaching hospitals
- Medical centers



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Further, you **do not** have to report:

- **Salary**, royalties, travel, or other remuneration **through your employer**
- Income from investment vehicles over which you do not exercise control, such as mutual funds and retirement accounts

**Do you, including your spouse and dependent children, have any Significant Financial Interests (SFIs) related to your responsibilities or research conducted at Brown?**

Yes, I have Significant Financial Interests to report. (please provide information about your SFIs including reimbursed and sponsored travel on the next page)

No, I have no Significant Financial Interests, including travel, to report.

**By submitting this form you are confirming that you have read and will abide by Brown University's Conflict of Interest in Research Policy. You understand your obligation to disclose any change(s) within 30 days of acquiring a new significant financial interest or other conflict of interest that may arise after submission of this form.**

**Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**For Investigators on United States Department of Energy-funded proposals and awards, you must also complete and acknowledge the following:**

I understand that this Disclosure is required to obtain funding from the U.S. Government. I,

\_\_\_\_\_  
Full Name and Title

certify to the best of my knowledge and belief that the information contained in this Disclosure Statement is true, complete, and accurate. I understand that any false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (18 U.S.C. §§ [1001](#) and [287](#), and 31 U.S.C. [3729-3730](#) and [3801-3812](#)). I further understand and agree that (1) the statements and representations made herein are material to U.S. Government's funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.

**Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

The information provided below will be treated as Confidential. Please contact the Office of Research Integrity at [COI@brown.edu](mailto:COI@brown.edu) or (401) 863-3050 with any questions or concerns.

Interest/Activity Type	Entity Name	Interest/compensation/reimbursement amount	Describe interest/activity (person holding interest, work performed...)
Equity/Ownership (stock, stock options...)			
Remuneration (consulting fees, speaker's bureau, honoraria...)			
Associations, Memberships, Positions (board of directors, offices...)			
Intellectual Property rights/ Royalty Income (not via UH)			
Travel			Destination/Duration/Purpose:

Additional Comments: