



## Financial Conflict of Interest (FCOI) Disclosure

By signing this form and initialing below, I certify that the following statements are true and accurate to the best of my knowledge:

\_\_\_\_ I have completed the tutorial at <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>. My certificate of completion is on file at The College of Idaho grants office.

\_\_\_\_ I have read and understood The College of Idaho's policy on Financial Conflicts of Interest ("FCOI policy") for federally funded research, as posted at <https://www.collegeofidaho.edu/academics/office-academic-affairs/c-i-grant-procedures/grant-resources>, and I agree to abide by the policies and carry out my responsibilities outlined therein, and in the supporting federal regulations.

\_\_\_\_ I have completed the College's FCOI training requirements on the date indicated below, and I will notify the VPAA and the grants office within 30 days of any change or discovery that requires modification of the statements below.

Initial either statement below:

\_\_\_\_ I have no Significant Financial Interests pertaining to my research or other institutional responsibilities, as defined in the College FCOI policy.

\_\_\_\_ I have the following relationships, affiliations, activities or interests (financial or otherwise), which constitute potential conflicts of interest according to College FCOI policy (attach additional pages if necessary).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No Changes (Initials/ Date): \_\_\_\_\_