



**Inova Grants Management Office (GMO)
Non-Inova Investigator Financial Conflict of Interest (FCOI) Form**

To be used only for Non-Inova Investigators under an institutional subcontract and the institution agrees to abide by Inova's FCOI policy. Please refer to **Inova's Conflict of Interest Policy for Research and Public Health Service Funding** at: <https://www.inova.org/about-inova/grants-management/>.

Institution's Legal/Employer Name:

Name of Investigator completing this form:

Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

Grant Title:

Inova Principal Investigator: _____ **Sponsor:** _____

Conflict of Interest (COI) Policy

I confirm that the institution I represent has a conflict of interest policy that is actively enforced and consistent with the provisions of [42 CFR Part 50 Subpart F - Promoting Objectivity in Research](https://www.fda.gov/oc/42-cfr-part-50-subpart-f-promoting-objectivity-in-research). Furthermore, I attest that all financial disclosures related to the activities that may be funded have been made and satisfactorily managed, reduced, or eliminated according to our institution's conflict of interest policy before any funds are spent under any resulting agreement.

- I certify that my institution has a PHS-compliant FCOI policy registered with the FDP Clearinghouse at <https://thefdp.org/fcoi-clearinghouse/>.
- I agree to abide by Inova's conflict of interest policy and procedures. Please complete the disclosure form using the Cayuse Outside Interest portal at <https://www.inova.org/about-inova/grants-management/>. You must send an email to coi@inova.org to request access to the portal.

Do you and your spouse or dependent children have any Significant Financial Interests (SFIs) related to your work or research at Inova?

- Yes**, I have a significant financial interest(s) or travel to report (please provide information regarding your SFIs including reimbursed and sponsored travel).
- No**, I do not have any significant financial interest or travel to report.

Collaborative Institutional Training Initiative (CITI) Training

- I confirm that I have completed the required CITI COI training which is available at <https://www.citiprogram.org>.

By submitting this form, you confirm that you have read and agreed to abide by Inova's Conflict of Interest Policy for Research and Public Health Service Funding. You also understand that it is your responsibility to disclose any new significant financial interest or other conflicts of interest that arise within 30 days of acquiring it after submitting this form.

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____

The information provided will be treated as confidential. Please submit your completed form to coi@inova.org. If you have any questions or concerns, please feel free to email us at coi@inova.org or call (571) 472-3454.

Please note that Inova may require additional information upon award.