

CONFLICT OF INTEREST STATEMENT

Time of **Proposal**

for **External Consultants or Collaborators** (Investigators) ONLY

This form is for the inclusion of consultants and collaborators EXTERNAL to the University of Louisville that are involved on proposals for **PHS** and **NSF** research submissions. This also includes agencies that are following the PHS FCOI regulations.

A current list of PHS and entities following the FCOI regulation are available here:

[http://thefdp.org/default/fcoi-clearinghouse/fcoi-agencies/.](http://thefdp.org/default/fcoi-clearinghouse/fcoi-agencies/)

Collaborators under Sub-Recipient contracts are covered in their Sub-recipient Commitment Form from their institution. They DO NOT need to complete this form if a sub-recipient commitment form has been submitted.

Questions? Contact:

Conflict of Interest Program

coi@louisville.edu

502-852-7612

<http://louisville.edu/conflictinterest>

Return this form to the U of L Conflict of Interest Program

Email: coi@louisville.edu

Conflict of Interest Program
Jouett Hall
2301 S. Third Street
Louisville, KY 40292

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ALL FIELDS MUST BE COMPLETED

CONSULTANT/COLLABORATOR INFORMATION (LEGAL NAMES, NO NICKNAMES)			
Name		E-mail*	

*This email must also be solely under the applicant's use.

PROJECT INFORMATION	
Project Title	
U of L Principal Investigator	
Role on Project (consultant, collaborator, etc.)	
Name of Applicant's Current Institution/Organization	

COI STATEMENT

I, _____, certify and agree to COI Statement _____ (A or B) below in regards to the above mentioned project.

A. I affirm that neither I nor my spouse nor dependent children has any financial or other interest that could directly and significantly affect the design, conduct, or reporting of the proposed project. This would include those interests that are directly affected by the outcome of the project.

I affirm that neither I nor my spouse nor dependent children have participated in any activities that would constitute an organizational conflict of interest.

B. I affirm that I have interests that are directly tied to the outcomes of the proposed project. Upon award of this project, I agree to work with the COI Program at the University of Louisville to implement appropriate management.

I affirm that neither I nor my spouse nor dependent children have participated in any activities that would constitute an organizational conflict of interest.

Signature: _____ Date: _____

If awarded, any changes to the above COI Statement must be reported to the University of Louisville Conflict of Interest Program within thirty (30) days of the change.

Please note that you may be required to complete additional requirements at the time of award and annually.