Updated 12.23.21

Instructions for Completing Your Annual Financial Conflict of Interest (FCOI) Disclosure

Investigators applying for funding to all Public Health Services (PHS) units are required to complete an Annual Disclosure of Significant Financial Interests prior to proposal submission. PHS units include the NIH, CDC, FDA, Indian Health Service (IHS), Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ). This guide documents the steps to completing this annual disclosure.

While not required at proposal time, FCOI Training must be completed by all PHS investigators before an expense can be recorded on a funded project. This training must be renewed every 4 years. If a project is awarded, Sponsored Projects Administration will verify that all FCOI training is up to date before an account is established. More information on FCOI policy and training can be found at https://research.uga.edu/integrity-support/fcoi/#1496338892305-c336a8a4-9b51

Step 1 - Login to the UGA Grants Portal at <u>https://research.uga.edu/outputs-analytics/grants-portal-reports/</u> - see the yellow arrow on the image below. Once you click "Login to Grants Portal", you will be asked to login with your UGA MyID and Password and complete your two factor authentication.



Updated 12.23.21

Step 2 – You will be routed to the "To Do Lists" page of the UGA Grants Portal. Click "Manage SFI Disclosure" on the left-hand column.

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1755	UNIVERSITY OF GEORGIA	G	rants p	ORTAL						Hello, Ro	obert Ross -
	» To Do Lis	t	Find Y Repres	our SPA entative	Projects		Award Incremer	ıts	Subawards		•••
_	Activities CREATE NEW PROPOSAL MANAGE SFI	To Do L	ists				Searc	h:			
	DISCLOSURE		PI \$	Project Title	÷	State 🕴	Pre-Award Proposer #	Action Required	Due Date		
	Check Your Project Balance PROJECT STATUS	FP00023363	Pistone	Pistone test		Draft	Martin	Proposal Team - Submit for University Approval	3/27/2080		
	REPORT LITE: - quick balance and expenditures for one project PROJECT STATUS	FP00025045	Heynen	draft entry - no longer apj opportunity	plying to this	Draft	Martin	Proposal Team - Submit for University Approval	10/25/2029		
	and expenditures for multiple projects	FP00024416	Lee	SaTC:CORE:Small: Differen Deep Generative Models f Synthesizing Tabular Date	ntially Private or a	Under DLSA Review	Thornton	Ready for DLSA Review	9/29/2023		
	Reminders You have no current	FP00022276	Arnold	Arnold PoLS - future subn	nission	Draft	Martin	Proposal Team - Submit for University Approval	1/31/2023		
	reminders	PD0002614	ITarman	National Estuarine Resea	rch Reserve	Deaft	Correctly	Proposal Team - Submit for	10/7/0000		

Step 3 – Complete the 4 questions listed on the FCOI Disclosure Form.

UNIVERSITY OF GEORGIA	GRANTS PORTAL			Hello, Robert Ross 🕶
To Do List	Find Your SPA Representative	Projects	Award Increments	Subawards •••
bert Ross obert Ross partment: Franklin-Deans Business Office				
Properties Account Notification	Settings			
Select View: FCOI Disclosure	•			
Disclosure of Significant Financial Interest				Disclosure Date:2/6/2019 Affirmative FCOI Disclosure:No Last Entry Date:1/1/2000
The University of Georgia (UGA) requires that this for or activities on funded projects) who meets one or the	m be filled out by any Investigator (defined as other of the following criteria:	s the project director or principal investigator	r any other person, regardless of title or position, who is	responsible for any portion of the design, conduct, or reporting of research
1) The Investigator plans involvement with a proposal	to be submitted to any Public Health Service	(PHS) unit of the U.S. Department of Health	and Human Services (DHHS) or to a sponsor that has a	dopted the PHS financial conflict of interest regulations.
2) The Investigator plans involvement with a proposal	to be submitted to a sponsor (federal or non-	-federal) <u>other than</u> a PHS unit <u>and</u> has indica	ted the presence of a possible financial conflict of intere	st (FCOI) on the Office for Sponsored Program's (OSP's) electronic
Research Proposal (eRP) system.				
The guestions pertain to financial activities/interests s them.	panning the past 12 months . If you (or your :	spouse or dependent children) add new finan	cial activities/interests at any time during the next 12 mo	nths, you are required to file an updated disclosure within 30 days of adding
a. If there is no change from last year's disclosure	to this year you need only click "OK" and	d you are done. If there are updates or cha	nges then you must click "OK" in the bottom right c	orner of THIS PAGE for your changes/additions to take affect. When th
changes are applied the "Disclosure Date" in the	upper right corner will change to today's o	late.		
1.0 Personal Compensation:				
the the past 12 mention did you (or your or	anna ar denendent shildran) rassina naraan	al componention valued at \$5,000 or more an	welly when approacted from any single non UCA opti-	u uhese eperations
are related in any way to your professional options, but not mutual funds), equity, paid	I responsibilities on behalf of UGA (instruction I authorships, speaker's fees, intellectual proj	al compensation valued at \$5,000 or more an n, service/outreach, and research)? Personal perty payments from any entity other than UG	uainy, when aggregated, irom any single non-UGA entiti compensation includes salary, consulting fees, investme ARF, etc. Please disclose equity, i.e., ownership, regard	/ whose operations ints (stocks or stock less of value.
If "Yes" then add details for each i	nstance:			
+ Add				
Provider Name	Date Modified	Date Created	Date Activity Ceased	
There are no items to display				
2.0 Related Outside Activities:				
In the past 12 months did you (or your sy service/outreach responsibilities on behalf conflict or the appearance of a conflict with Yes No Clear	pouse or dependent children) hold any positio of UGA? Or did you (or your spouse or depe n your institutional research, instruction, and p	on with any non-UGA entity that is engaged in ndent children) engage in any activities or rel public service/outreach responsibilities?	activity related to your professional research, instruction attionships that could be perceived to have the potential	i, or public for creating either a
If "Yes" then add details for each in	nstance:			

Step 4 – Review the affirmation, and click "Ok" in the lower right corner. By doing this, you are signing the disclosure.

3.0	Start-Up / Outside Companie	es:				
	* Are you involved in any way in a s	start-up or outside company derived	from your or another UGA employee	e's institutional research, instru	ction, or public service/outreach responsib	ilities?
	If "Yes" then add details for e	each instance:				
	+ Add					
	Company Name	Date Modifie	d Date C	Created	Date Activity Ceased	
	There are no items to displa	ау				
4.0	Reimbursed and Sponsored	Travel:				
	*You are required to disclose all tra directly so that you might not know by UGA; any state, federal or local institution. Do disclose travel paid f industries such as Pfizer, Lockheed foreign entity. Travel reimbursed by ○ Yes ● No <u>Clear</u>	avel reimbursements for the past 12 the exact monetary value; and are government agency; another United or by foreign higher education institt J-Martin, or GE and by non-profit org a sponsored project does not need	months, no matter the dollar level, the letted in any way to your UGA institu States higher education institution, itoins, foreign medical centers, or for janizations such as the American Ca to be disclosed. Do you have any tra-	nat are either reimbursed or sy utional research, instruction, a a United States medical cente eign research institutes affiliati ncer Society, AAAS, Americar avel to be disclosed?	onsored (i.e., expenses paid on your beha d public service/outreach responsibilities, or a United States research institute affili ed with a foreign higher education instituti Heart Association, or a national profession	If and not reimbursed to you Do not disclose travel paid ated with a higher education n. Do disclose travel paid by lal society, or any other
	If "Yes" then add details for e	each instance				
	+ Add					
	Sponsor Name	Destination	Date Modified	Date Created	Date Activity Ceased	
	There are no items to displa	ау				
	Affirmation: I have read and u statement and, to the best of m to disclose any changes that o by UGA to manage, reduce, or By clicking "OK" in the lower fig	understand the Policy on Conflic ny knowledge, it is true, accurat ccur in my significant financial i eliminate any conflicts of intere ght corner you are signing this o	ts of Interest in Sponsored Prog e, and details all required disclos iterests in this same manner wit st. ilsclosure, including the affirmati	grams and declare that I ha sures. I understand that, in thin 30 days of their occurr ion statement:	ve used all reasonable diligence in p accordance with the terms of this Po ence. I will comply with any condition	eparing this disclosure licy, it is my responsibility s or restrictions imposed
Require	ed					

Step 5 – The page will refresh, and the disclosure date in the upper right corner should be updated to today's date. Verify that the date is accurate. If you are working on a proposal with a REST team member, please e-mail them and let them know you have completed the disclosure. They can then double check that all FCOI requirements are completed prior to proposal submission.

Properties Acco	ount Notif	cation Settings					
Select View: FCOI Di	sclosure	•					
Disclosure of Significan	nt Financial Inter	est			-	Discl Affirr Last	osure Date:12/23/2021 native FCOI Disclosure:N Entry Date:1/1/2000
he University of Georgia esponsible for any portion	(UGA) requires that of the design, cor	t this form be filled out by duct, or reporting of resea	any Investigator (defined as ch or activities on funded p	s the project director or pri projects) who meets one o	ncipal investigator or any r the other of the following	other person, rega criteria:	ardless of title or position, who i
) The Investigator plans ir dopted the PHS financial	nvolvement with a conflict of interest	proposal to be submitted to regulations.	any Public Health Service	(PHS) unit of the U.S. De	partment of Health and H	uman Services (D	HHS) or to a sponsor that has
) The Investigator plans in FCOI) on the Office for Sp	nvolvement with a consored Program	proposal to be submitted to s (OSP's) electronic Resea	a sponsor (federal or non- rch Proposal (eRP) system	federal) <u>other than</u> a PHS 1.	unit <u>and</u> has indicated the	e presence of a po	ossible financial conflict of inter
<u>The questions pertain to fin</u> nonths, you are required to	nancial activities/in to file an updated c	erests spanning the past sclosure within 30 days of	<u>2 months</u> . If you (or your s adding them.	spouse or dependent child	lren) add new financial ac	tivities/interests at	any time during the next 12
. If there is no change fr orner of THIS PAGE for	rom last year's di your changes/ad	closure to this year you ditions to take affect. Wh	need only click "OK" and en the changes are applie	l you are done. If there a ed the "Disclosure Date'	re updates or changes t ' in the upper right corne	hen you must cli er will change to	ck "OK" in the bottom right today's date.
1.0 Personal Comr	ensation:						
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