

I. EMPLOYEE / INVESTIGATOR INFORMATION

Investigator Name	Richard Jones		
Department	Physics	School or College	Liberal Arts and Science
Proposal Title	Fabrication of the Hall D Tagger Microscope and Active Collimator		
Submitted to (Sponsor)	Thomas Jefferson National Accelerator Facility	Amount Requested	85000
Investigator email	richard.t.jones@uconn.edu	Best phone #	486-3512
Project start date	10/1/2012	Project end date	9/30/2014
If you are a Co-Investigator, who is the Principal Investigator?			
If this is an <input type="checkbox"/> existing grant, a <input type="checkbox"/> continuing grant, or a <input type="checkbox"/> supplement, what is the FRS #			
Does this research involve human subjects? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Does this research involve animal subjects? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

II. DISCLOSURE – See Reverse Side (Page 2) for Explanation of “Significant Financial Interest”

Do you, (“you” means yourself, your spouse, and your dependent children) have or expect to have in the next 12 months a Significant Financial Interest (as explained on reverse side, page 2) in any business whose activities DIRECTLY relate, in any way, to your research/work as an employee of the University of Connecticut?

- YES** – The following (check all that apply) types of potential conflict may exist, and I agree to submit a *Supplemental Significant Financial Interest Disclosure Form* for review by the Financial Conflict of Interest in Research Committee (FCOIRC) not less than 30 days prior to the project start date, with a copy of this Review Form attached as the Face Sheet.
- Salary or other payment for services (e.g. consulting fees or honoraria), not including salary, summer salary, royalties or other remuneration paid by/through the University of Connecticut.
 - Equity interests of stock (e.g. stocks, stock options, or other ownership interests).
 - Other significant financial interest of the Investigator and immediate family member that possibly could affect or be perceived to affect the results of the research, educational, or service activities of the University (such as Intellectual Property).
- NO** – a potential conflict of interest does not exist at this time. I agree to submit an updated *Significant Financial Interest Review Form / Supplemental Significant Financial Interest Disclosure Form*, as needed, should circumstances change.

III. CERTIFICATION

By my signature, I acknowledge that I am familiar with and agree to comply with the *University of Connecticut Policy on Financial Conflict of Interest in Research* (<http://policy.uconn.edu/findPolicy.php?PolicyID=334>)

If I have disclosed a potential financial conflict of interest in research, I agree to submit a *Supplemental Significant Financial Interest Disclosure Form* (<http://osp.uconn.edu/forms.php>) not less than 30 days prior to the project start date. I agree to fully participate in the development and implementation of any Management or Mitigation Plan recommended by the *Financial Conflict of Interest in Research Committee (FCOIRC)*.

I acknowledge my ongoing obligation to inform the University of Connecticut of any change in my outside related activities, and I understand that any potential financial conflict must be reviewed and managed in order to access research award funds.

Original Signature ONLY (required – a “per” signature is not acceptable)

Date - USE THIS DATE FOR THE FCOI # (over)

What is a Significant Financial Interest?

A **Significant Financial Interest** is defined as actual or projected annual income valued at greater than \$10,000, or an equity or ownership of more than five percent, held by an Investigator, the Investigator's spouse and the Investigator's dependent children.

Essentially, a *Significant Financial Interest* is considered to be anything of monetary value, including, but not limited to:

1. An equity interest that when aggregated for the investigator and the investigator's spouse and dependent children exceeded \$10,000 over the last 12 months, and/or is expected to exceed \$10,000 in value over the next 12 months as determined through reference to public prices or other reasonable measures of fair market value; or
2. An equity interest that represents equal to or more than 5% ownership interest in any single entity; or
3. Salary, royalties or other payments not from the University for services (e.g., consulting fees or honoraria) that when aggregated for the investigator and the investigator's spouse and dependent children over the last 12 months exceeded \$10,000 or are expected to exceed \$10,000 over the next 12 months.

The term does **NOT** include:

1. Salary, summer salary, royalties, or other remuneration from the University;
2. Income from seminars, lectures, grant peer review panels, or teaching engagements sponsored by governmental agencies.

This form must be completed by each investigator and submitted with the project proposal to the Office for Sponsored Programs, Unit 1133, FAX 860-486-3726.

PLEASE RETAIN A COPY OF THIS FORM

If a potential financial conflict of interest has been disclosed, please complete the **Supplemental Financial Interest Disclosure** sections (<http://osp.uconn.edu/forms.php>) and submit **BOTH** the **Review Form** and **Supplemental** sections in their entirety, not less than 30 days prior to the project start date, to:

CONFIDENTIAL – FCOIRC

Unit 1133

Office for Sponsored Programs
438 Whitney Road Ext.
Storrs, CT 06269-1133

The **University of Connecticut Policy on Financial Conflict of Interest in Research** is available at <http://policy.uconn.edu/findPolicy.php?PolicyID=334>

Additional information regarding Research Compliance can be found at <http://compliance.uconn.edu/conflict.cfm>

For additional information regarding Financial Conflict of Interest in Research, please contact Laurie Pudlo in the Office for Sponsored Programs at (860) 486-4247 (laurie.pudlo@uconn.edu).

If you responded “Yes” to Section II (disclosed a FCOI), please write the FCOI # on all related forms. The FCOI # is the Review Form signature date (previous page) in the following format: YEAR+MONTH+DAY+FIRST THREE LETTERS OF THE INVESTIGATOR'S LAST NAME (YYMMDDLLL)

For example, if the Investigator is named Robin Researcher, and signed the **Significant Financial Interest Review Form** on March 18, 2011, the FCOI # will be **110318RES**.

If two or more Review Forms are submitted on the same day, add a dash and sequence number (110318RES-1; 110318RES-2).

FCOI # _____

Access the **Supplemental Significant Financial Interest Disclosure** form HERE (<http://osp.uconn.edu/forms.php>)