



Letter of Intent to Establish a Consortium Agreement Saint Louis University as Primary Applicant

SAINT LOUIS
UNIVERSITY

Saint Louis University PI: _____ Subcontract Organization: _____
 SLU PI Department: _____ Subcontract PI: _____
 Sponsor Name: _____
 Proposal Title: _____
 Proposed Project Period: _____ to _____ Proposed Project Amount: \$ _____

Attached Subcontract Proposal Documents

- Scope of Work (required)
 - Budget and Budget Justification (required)
 - Biosketches and Other Support for all Key Personnel – in agency required format (if applicable)
 - Non-SLU Financial Conflict of Interest Disclosure Form (if applicable – see below)
 - Federally negotiated F&A Costs Rate Agreement (required for Federal sponsors)
- If not attached, please provide website for agreement: _____

Project/Performance Site Location

Organization Name: _____ County: _____
 Street 1: _____ Country: _____
 Street 2: _____ Province: _____
 City: _____ Congressional District: _____
 State: _____ DUNS # _____
 Zip/Postal Code: _____ EIN # _____

| Year 1 Subcontract Budget | | Total Subcontract Budget | |
|---------------------------|-------|--------------------------|-------|
| Direct Costs | _____ | Direct Costs | _____ |
| F&A Costs | _____ | F&A Costs | _____ |
| Total Costs | _____ | Total Costs | _____ |

Are Animals Applicable to this Proposed Project? Yes No
 Are Human Subjects Applicable to this Proposed Project? Yes No

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the pertinent Federal regulations and policies and are prepared to establish written inter-organizational agreements that will ensure compliance with all such policies.

Please select one:

Subcontractor has a Financial Conflict of Interest (COI) policy that complies with the Department of Health and Human Services, “Objectivity in Research,” 42 CFR Part 50 and “Responsible Prospective Contractors,” 45 CFR Part 94 requirements. This form further stipulates that all individuals participating on this project are compliant with such policy.

or

Subcontractor **does not** have a Financial Conflicts of Interest (COI) policy that complies with the Department of Health and Human Services, “Objectivity in Research,” 42 CFR Part 50 and “Responsible Prospective Contractors,” 45 CFR Part 94 requirements **and** will comply with Saint Louis University’s Financial Conflict of Interest in Research Policy. Subcontractor further understands that all individuals participating on this project must complete a Non-SLU Financial Disclosure Form (attached) prior to the submission of any external application. A training course for Conflict of Interest will also be required from all participants if the proposal is funded.

Signature of Authorized Official

Date



Financial Conflict of Interest in Research Disclosure Form

for Non-SLU personnel

INTRODUCTION: Saint Louis University's Conflict of Interest in Research Policy requires disclosure of financial interests for faculty, staff, students, subcontractors, consultants, collaborators and all others engaged in externally sponsored programs. In academic research institutions, conflicts of interest are not uncommon, and the existence of a financial interest does not in any way indicate wrongdoing. However, a real or perceived financial conflict of interest may compromise or appear to compromise professional judgment or integrity on the part of the conflicted individual. Therefore, financial conflicts of interest must be managed, reduced, or eliminated. Saint Louis University's Financial Conflict of Interest in Research Policy is designed to comply with federal regulations and at the same time safeguard the integrity of the institution, its researchers and collaborators.

SLU's policy requires that all individuals participating in externally sponsored programs complete Conflict of Interest in Research Disclosure Forms annually and within 30 days of the time at which a financial conflict arises or the status of a previously filed disclosure changes. Full disclosure is key to handling potential conflicts so that SLU's Conflict of Interest in Research Committee can work with individuals to develop, implement, and monitor an appropriate management plan.

A **Significant Financial Interest (SFI)** exists when the following conditions are present *for the individual or when aggregated with the interests of his/her spouse and dependent children*:

- Any combined income, compensation or stock in excess of \$5,000 from a publicly-traded or non-publicly traded entity;
- Any amount of equity (stock, stock options, or other ownership interest) in a non-publicly traded entity (such as a start-up company)
- Any reimbursed or sponsored travel to the Investigator paid by an entity, including non-profit organizations, but excluding travel sponsored by or reimbursed by a government agency, a U.S. institution of higher education or a research institute affiliated with such, a medical center, or an academic teaching hospital.
- **NOTE:** A Significant Financial Interest does not include salary, royalties or other remuneration from Saint Louis University, your organization, or payments from governmental organizations for seminars, lectures, service on advisory committees or service on review panels.

INSTRUCTIONS: All individuals engaged in externally funded research are required to complete a Conflict of Interest Disclosure Form **PRIOR TO SUBMITTING A GRANT APPLICATION** if a current annual disclosure has not been completed. Please read and follow instructions for each section of this Disclosure Form. When you have completed the form, submit to the Division of Research Administration, c/o Johnny Kidd, Manager of Responsible Conduct of Research, Fusz Hall, Room 262, Saint Louis, MO 63108 or by e-mail to COI@slu.edu.

Any questions regarding the policy or completion of this disclosure form should be directed to Johnny Kidd, Manager of Responsible Conduct of Research at 314-977-7047, or jkidd2@slu.edu.



Financial Conflict of Interest in Research Disclosure Form

for Non-SLU personnel

TYPE OF DISCLOSURE: (Please check appropriate box.)

Annual Disclosure Amended Disclosure

SECTION I - CONTACT INFORMATION: Please fill out completely. Type.

| | |
|----------|--|
| Name: | |
| Address: | |
| Phone: | |
| E-mail: | |

SECTION II - PROJECT INFORMATION: Please fill out completely. Type.

| | |
|-----------------------------|--|
| Title of Project: | |
| SLU Principal Investigator: | |
| Project Number (if known): | |
| Your role in the project: | |

SECTION III – Disclosure of Financial Interests: Please fill out completely. Type.

| | |
|--|--|
| <p>1. Have you, your spouse or dependent children received \$5,000 or more directly from a potential research sponsor? <i>In this section, please indicate 'yes' to the following: (1) if intellectual property rights are worth more than \$5,000; and (2) if personal compensation such as salary, royalties, consulting fees, honoraria or other payments from a potential research sponsor exceed \$5,000 per year. Remember that within the Conflict of Interest Disclosure Form, an individual must consider their spouse and dependent children to be one and the same with the individual. Also note that this does not include salary, royalties or other remuneration from your organization, or payments from government agencies for seminars, lectures, service on advisory committees or service on review panels.</i></p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>2. Are you, your spouse or dependent children a shareholder, or otherwise hold >\$5,000 of equity interest from a publicly traded company that is considered to be a potential research sponsor?</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>3. Are you, your spouse or dependent children a shareholder, or otherwise hold ANY equity interest from a non-publicly traded company that is considered to be a potential research sponsor?</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>4. Do you, your spouse or dependent children, currently hold a position with a non-SLU organization/company (other than your own organization) that may come in conflict with your responsibilities as a collaborator with SLU?</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>5. Have you previously had a Significant Financial Interest that required a management plan from Saint Louis University's Conflict of Interest in Research Committee?</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If all your responses are "NO" in Section III, you may check this EZ Disclosure box. EZ Disclosure

If you answered "NO" to each question in Section III, skip to the end of this form. Read the Disclosure Certification, sign and return to Saint Louis University as indicated on the introduction page. If you answered "YES" to any question, you must complete all remaining sections of this form as appropriate.

SECTION IV – Details of Significant Financial Interest: Please fill out completely. Type.

A. In the space below, please provide information regarding the entities with which you had a Significant Financial Interest (SFI) in the past calendar year or for which you anticipate a SFI in the current calendar year. Entities include public companies, corporations, speakers’ bureaus, media companies, and educational forums. **DO NOT INCLUDE salary, royalties or other remuneration from your organization, or payments from government agencies for seminars, lectures, service on advisory committees or service on review panels.**

| Name of Entity | Type of Financial or Personal Interest <i>(check all that apply)</i> | Value Per Year | | |
|----------------|--|--|---|---------------------|
| | | Previous Calendar Year | Current Calendar Year <i>(anticipated, if known)</i> | |
| Entity Name: | <input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Salary <input type="checkbox"/> Licensing Agreement or Royalty Income <input type="checkbox"/> Equity interests (*see below) <input type="checkbox"/> Serving on Scientific Advisory Board or Board of Directors <input type="checkbox"/> Other: | <input type="checkbox"/> Speaking Fees <input type="checkbox"/> Gifts <input type="checkbox"/> CME Sponsorship | Total Amount: \$ | Total Amount: \$ |
| Entity Name: | <input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Salary <input type="checkbox"/> Licensing Agreement or Royalty Income <input type="checkbox"/> Equity interests (*see below) <input type="checkbox"/> Serving on Scientific Advisory Board or Board of Directors <input type="checkbox"/> Other: | <input type="checkbox"/> Speaking Fees <input type="checkbox"/> Gifts <input type="checkbox"/> CME Sponsorship | Total Amount: \$ | Total Amount: \$ |
| Entity Name: | <input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Salary <input type="checkbox"/> Licensing Agreement or Royalty Income <input type="checkbox"/> Equity interests (*see below) <input type="checkbox"/> Serving on Scientific Advisory Board or Board of Directors <input type="checkbox"/> Other: | <input type="checkbox"/> Speaking Fees <input type="checkbox"/> Gifts <input type="checkbox"/> CME Sponsorship | Total Amount: \$ | Total Amount: \$ |

B. Equity Interests: If you indicated in section III (above), that you have an equity interest, please complete the following information regarding equity interests for yourself, your spouse, and dependent children. (Use additional sheets if necessary.)

| | |
|-------------------------------|-------------------------------|
| 1. Name of Company: _____ | 2. Name of Company: _____ |
| No. of Shares of Stock: _____ | No. of Shares of Stock: _____ |
| Value of Stock Options: _____ | Value of Stock Options: _____ |
| % Ownership of Company: _____ | % Ownership of Company: _____ |

SECTION V – Intellectual Property: Please fill out completely. Type.

If you have a significant financial interest in an organization that produces a technology or product that is a focus of your research, list this technology or product and indicate which project utilizes it.

DISCLOSURE CERTIFICATION

By submitting this Conflict of Interest in Research Disclosure form, I certify that the information contained herein is complete and accurate to the best of my knowledge; and I acknowledge my continuing obligation to inform Saint Louis University's Division of Research Administration of any change in my outside activities at time of discovery by completing and submitting an amended disclosure. Further, I accept the responsibility as a collaborator with Saint Louis University to inform others in my organization also involved in research at Saint Louis University that they are also required to submit a Conflict of Interest in Research Disclosure form.

Signature of Individual

Date

Printed Name of Individual



Financial Conflict of Interest in Research Disclosure Form

for Non-SLU personnel

Travel Disclosure for Non-SLU Personnel

Saint Louis University’s Financial Conflict of Interest in Research Policy requires any covered individual to report the details of any travel reimbursed or paid for on behalf of an individual by an outside entity within 30 days of each occurrence. Examples of outside entities include professional societies, foreign institutions of higher education, and for-profit and non-profit entities.

Required disclosure: You are required to disclose travel paid on behalf of yourself, your spouse, and/or your dependent children, regardless of their affiliation with Saint Louis University.

Exempted travel: You are not required to report travel paid by SLU or other U.S. institutions of higher education; U.S. federal, state, or local government agencies; or, academic teaching hospitals, medical centers, or research institutes affiliated with an institution of higher education.

Instructions: Provide your name, Grant Title/Number, SLU PI, and complete the table below. E-mail a copy to Saint Louis University Conflict of Interest at COI@slu.edu or fax to 314-977-2026.

| | |
|-----------------------------|--|
| Name: | |
| Grant Title/Number: | |
| SLU Principal Investigator: | |

| | Start Date | End Date | Destination | Name of Reimbursing Entity | Purpose | Intended Recipient* | Spouse’s travel paid? (Y/N)** | Children’s travel paid? (Y/N) |
|----|------------|----------|-------------|----------------------------|---------|---------------------|-------------------------------|-------------------------------|
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*Intended recipient is the person for whom the travel was reimbursed (i.e., you, your spouse, or your dependent children).

**If the intended recipient is your spouse – “Spouse’s travel paid” is meant to encompass whether your travel was reimbursed.