



**UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
DEANSHIP FOR RESEARCH**

INTERNAL TRANSMITTAL FORM and SIGNIFICANT FINANCIAL INTEREST DISCLOSURE

This form must accompany all funding requests and progress reports to be submitted through the Deanship for Research. **For electronic submissions: this form and an electronic copy of the application must be provided 7 (seven) workdays prior to the proposal deadline as indicated in the UPR Handbook of Policies and Procedures for Sponsored Programs.** Access the Deanship for Research Web Page for institutional information, forms, and templates under Helpful Links, Division of Pre-Award: <http://research.rcm.upr.edu>

Project Title: _____	
Sponsoring Agency: _____	Deadline Date: _____
CFDA No. _____	Funding Opportunity No. _____
Method:	Type: _____
Activity:	
Principal Investigator: _____ Degree: _____	
Position: _____	Tel: _____ e-mail: _____
eRACommons Username: _____	School: _____ Department: _____
Administrator: _____	e-mail: _____ Tel: _____

****DOES NOT APPLY TO PROGRESS REPORTS**

PROPOSED BUDGET

Current Budget Period From: _____	to _____	Current Period Request: _____
Total Project Period From: _____	to _____	Total Project Request: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Direct Cost Requested						
Indirect Cost						
Total						
Indirect Cost Rate						

INSTITUTIONAL APPROVALS FOR SPECIAL PROJECT REQUIREMENTS

Required Letters for Institutional Commitments

If one or more items from "Project Requirements" sections (Infra-structure, Economic or Personnel) are selected:

1. Attach an explanation letter with the specific institutional requirements, including specific commitment, name and signature of appropriate authority who commits the requirement, account number to charge commitment.
2. You will be required to present the Dean or Departmental Director(s) signature(s) as acknowledgement and approval.
3. For items not applicable please choose NO. (Signatures are not required).

Project Requirements:

Infrastructure Requirements: * If Yes, provide an explanation letter with all commitment details and signatures

- | | |
|--|-----------------|
| ☐ No ☐ Yes Office Space, Classrooms or Meeting Rooms | Comments: _____ |
| ☐ No ☐ Yes Laboratory Space | Comments: _____ |
| ☐ No ☐ Yes Remodeling / Construction of Lab Facilities | Comments: _____ |
| ☐ No ☐ Yes Information Systems (Ex: Servers, Licences, etc.) | Comments: _____ |
| ☐ No ☐ Yes Other (Explain) | Comments: _____ |

Economic Commitment:

* If Yes, provide an explanation letter with all commitment details and signatures

☐ No ☐ Yes Matching/Cost Share Amount: _____ Source: _____

Comments: _____

☐ No ☐ Yes Voluntary Cost Share Amount: _____ Source: _____

Comments: _____

☐ No ☐ Yes In-Kind Effort Amount: _____ Source: _____

Comments: _____

☐ No ☐ Yes Other (Explain) Amount: _____ Source: _____

Comments: _____

Personnel Special Requirements:

* If Yes, provide an explanation letter with all commitment details and signatures

☐ No ☐ Yes Job Appointment (Tenure Position required after project finished)

☐ No ☐ Yes Foreigner Visitors (Ex. Visa, Degree Convalidation)
Other Considerations:
☐ No Conducted in non-university facilities
*If Yes, please use correct F&A rate.

☐ Yes
Regulatory Requirements:

☐ No ☐ Yes	1. Human Subjects	IRB	Comments: _____
☐ No ☐ Yes	2. Clinical Trials	IRB	Comments: _____
☐ No ☐ Yes	3. Animals	IACUC	Comments: _____
☐ No ☐ Yes	4. Radioactive Material	RSC	Comments: _____
☐ No ☐ Yes	5. Hazardous Material	IBC	Comments: _____
☐ No ☐ Yes	6. Other Chemical Reagents	IBC	Comments: _____

In-Kind or Matching Funds with Personnel Commitment

Check appropriate box for the type of In-Kind commitment: if is completely voluntary or if is part of a matching/cost share requirement. Include **ALL Personnel** which will devote In-Kind effort in the proposal.

☐ N/A

☐ In-Kind Commitment (Voluntary)

☐ In Kind as a Matching Funds using Personnel T&E

Name	% T&E	Source of In-Kind Effort	Amount
Total Amount			

Internal Transmittal Form (ITF)

Documents Check List:

Remember to include with the ITF package the following documents:

☐ Abstract

☐ Proposal or Proposal Draft

☐ Budget Detail

☐ Budget Justification

Budget Justification - (Salary & Fringe Benefits Section)- ***must identify*** the **Key Personnel** and the **Other Personnel**, using those specific categories.

All Key Personnel must be ***listed*** on the Disclosure of Significant Financial Interest page and must ***complete*** the Financial Conflict of Interest (FCOI) in order to comply with federal regulations.

In Modular Budget Institution requires detail budget for other cost in addition to Personnel in order to be approved.

☐ Disclosure of Investigator's Significant Financial Interest (Form 1.A, and Form 1.B -if apply) for all **KEY PERSONNEL**.

☐ Certificate of Completion of the FCOI Online Tutorial (Link on page 4).

CERTIFICATIONS PER PI

PI must read the following statements:

- I am presently not debarred or suspended from receiving federal funds.
- No federal funds were used for lobbying activities in connection with this proposal.
- I am not delinquent on any federal debt.
- The enclosed budget lists all fund sources and is the best estimate of the full costs of the project
- I will adhere to all University policies, including those of conflict of interest, ethical standards in the conduct of research, intellectual property and the use of humans and animals in research.
- The enclosed budget lists all fund sources and is the best estimate of the full costs of the project
- The submitted information within the application is true, complete, and accurate to the best of my knowledge.
- Any false, fictitious, or fraudulent statements or claims may be subject to criminal, civil, or administrative penalties.
- I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if the grant is awarded as a result of the application.
- I will comply with all fiscal and administrative regulations and inform the Sponsored Research Program of any changes in the submitted proposal and/or grant
- I have read the Policy of Financial Interest and certify that I concur with the University of Puerto Rico.
- I will comply with Time & Effort reporting and any report required according to federal and institutional policies.

By signing this certification, I acknowledge and accept the above-mentioned statements.

PI _____	PI Signature _____	Date: _____
PI Printed Name		

CERTIFICATION OF CHAIRPERSON AND DEAN

We certify that we have reviewed the proposal, including budget and sources of internal funds, and that it is consistent with the educational and research objectives of our institution. We also agree with the above distribution of indirect cost.

PRINTED NAME	SIGNATURE	
Department Chair _____	_____	Date: _____
Dean _____	_____	Date: _____

If the project includes more than one PI, Department, and/or Deanship, mark below appropriate box. Also provide original copy of this page with signatures from PI, Department and/or Deanship.

☐ More than one PI project
 ☐ More than one Department
 ☐ More than one Deanship

ONLY FOR THE DEANSHIP FOR RESEARCH:

DfR: _____	_____	Date: _____
Chancellor: _____	_____	Date: _____

CC: Chancellor
 Deanship for Research Human Resources
 Deanship for Research Financial Division

SIGNIFICANT FINANCIAL INTEREST DISCLOSURE (SFI)

Compliance with the 2011 revised Federal regulation on Financial Conflict of Interest (FCOI) for grants or cooperative agreements at 42CFR Part 50 Subpart F, Promoting Objectivity in Research.

Under 42 CFR Part 50.603, "Investigator" refers to the PI/PD and any other person, regardless of position, who is responsible for the design, conduct, or reporting of research funded by the DHHS, or proposed for such funding, including persons who are sub-grantees, contractors, consortium participants, collaborators, or consultants.

Senior/Key Personnel refers to the Project Director/Principal Investigator and ***any other person*** identified as Senior/Key Personnel by the institution in the grant application, progress report, or any other report submitted to the National Institutes of Health (NIH) by the institution.

Each Investigator and Key/Personnel is required to provide DfR a copy of the Certificate of Completion of the FCOI Online Tutorial provided by the Office of Extramural Research which is valid for **four** years and to **complete** a Significant Financial Interest Disclosure **for each proposal**.

<http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

The following are ***all*** the ***Key Personnel*** in this application:

	PI

University of Puerto Rico
Disclosure of Investigator's Significant Financial Interest
FORM 1.A

*42 CFR Part 50 Subpart F - Title 42: Public Health; Part 50: Policies of General Applicability;
Subpart F: Promoting Objectivity in Research*

Date of this Disclosure: _____ **New** ☐ **Update** ☐

☐ Investigator ☐ Collaborator ☐ Consultant at University of Puerto Rico _____ Campus

First Name	Middle Name	Last Name

Telephone: _____ **E-mail** _____

If you answer **Yes** to any of the following questions you may have a significant financial interest in an entity and should file Form B. A *significant financial interest* means a financial interest consisting of one or more of the following interests of the Investigator (and those of the Investigator's spouse and dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities.

ANSWER THE FOLLOWING QUESTIONS

Yes No

(i) With regard to any publicly traded entity, did you receive any remuneration from the entity in the twelve months preceding this disclosure or have any equity interest in the entity as of the date of disclosure, that when aggregated, exceeds \$5,000? For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.	☐	☐
(ii) With regard to any non-publicly traded entity, did you receive any remuneration from the entity in the twelve months preceding this disclosure, that when aggregated, exceeds \$5,000, or when the Investigator (or the Investigator's spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest)?	☐	☐
(iii) Do you receive income from intellectual property rights and interests (e.g., patents, copyrights), not assigned to the UPR?	☐	☐
(iv) Have you had any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to your institutional responsibilities? Provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. The Institution's FCOI policy specifies the details of this disclosure, and the institutional official(s) will determine if further information is needed.	☐	☐

The evaluation of these forms by the Financial Conflict of Interest (FCOI) institutional officer will determine if you have a financial conflict of interest that may bias the result of your scientific research funded by the United States Public Health Service and to establish any pertinent actions to mitigate or eliminate the effect of such conflict in the results of the research.

A financial conflict of interest exists when the institution, through its designated official, reasonably determines that an Investigator's significant financial interest is related to a PHS funded research project and could directly and significantly affect the design, conduct or reporting of the funded research. *Institution* means any domestic or foreign, public or private, entity or organization (excluding a Federal agency) that is applying for or that receives a PHS research funding. *Investigator* means the project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants. *Entity* means any domestic or foreign, public or private, organization (excluding a Federal agency) from which an Investigator (and spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.

The term *significant financial interest* does not include the following types of financial interests: salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution, including intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights; any ownership interest in the Institution held by the Investigator, if the Institution is a commercial or for-profit organization; income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles; income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

This disclosure is applicable to each Institution that is applying for, or that receives, PHS research funding by means of a grant or cooperative agreement and each Investigator who is planning to participate in, or is participating in, such research. However, this does not apply to SBIR Program Phase I applications.

I agree to abide by the University of Puerto Rico's Policy and Guidelines on Financial Conflict of Interest. I certify that the above information is true to the best of my knowledge and that is has been submitted as required by law, regulation, contract, and by 42 CFR Part 50 Subpart F. I understand and agree that if there is any change in my financial status, I must submit a new disclosure and attachment within 30 days of that change.

Print Name: _____

Signature: _____ **Date:** _____

University of Puerto Rico
Disclosure of Investigator's Significant Financial Interest
FORM 1.B

TO BE FILED BY ALL RESEARCHERS WITH SIGNIFICANT CONFLICT OF INTEREST

*2 CFR Part 50 Subpart F – Title 42: Public Health; Part 50: Policies of General Applicability;
Subpart F: Promoting Objectivity in Research*

Date of this Disclosure: _____ **New** ☐ **Update** ☐

If you answered **Yes** to any of the questions on the ***Disclosure of Investigator's Financial Interest (FORM A)*** you have a significant financial interest in an entity and should file this **FORM B** to be used by the Financial Conflict of Interest (FCOI) institutional officer to determine if such a financial conflict of interest may bias the result of your scientific research funded by the United States Public Health Service and to establish any pertinent actions to mitigate or eliminate the effect of such conflict in the results of the research.

☐ Investigator ☐ Collaborator ☐ Consultant at University of Puerto Rico _____ Campus

First Name	Middle Name	Last Name

Telephone: _____ **E-mail** _____

Please use a separate Disclosure Form B for each entity where you have a significant financial interest as per the above referred regulation.

- External Entity Type: Publicly Traded ☐ or Non-Publicly Traded ☐
- Name of External Entity: _____
- Physical Address: _____
- Indicate, name of principal official or contact person, telephone number and e-mail address of the Institutional Officer at the Entity:
Name of principal official or contact person: _____
Telephone Number: _____ Fax Number: _____
E-mail: _____
- Explain the nature of your significant financial interest in this entity (equity, consulting fees, travel reimbursement, honoraria, etc.) at present and/or for the last twelve months preceding the date of this disclosure. Please use assigned letter (A, B, C, D, or E) based on the ranges as follows:
 - \$0-\$4,999;
 - \$5,000-\$9,999;
 - \$10,000-\$19,999;
 - Amounts between \$20,000-\$100,000 in increments of \$20,000; or
 - Amounts above \$100,000 in increments of \$50,000.

NATURE OF YOUR SIGNIFICANT FINANCIAL INTEREST IN THIS ENTITY	RANGE
a. Remuneration received in the form of salary or payment for services, such as consulting fees, honoraria, paid authorship, or other supplemental income:	
b. Equity interest, including any stock, stock option, or other ownership interest:	
c. Not excluded intellectual property rights and interests:	
d. Fiduciary role (executive role, voting member of the board, etc., even if unpaid:	
e. Not excluded travel, during the past twelve months, reimbursed or sponsored on your behalf by the external entity. Indicate purpose, destination and duration of the travel:	

6. Other information that may help to explain the nature of your significant financial interest in the external Entity:

7. Describe how the significant financial interest may relate to the PHS funded research under consideration:

I agree to abide by the University of Puerto Rico's Policy and Guidelines on Financial Conflict of Interest. I certify that the above information is true to the best of my knowledge and that it has been submitted as required by law, regulation, contract, and by *42 CFR Part 50 Subpart F*. I understand and agree that if there is any change in my financial status, I must submit a new disclosure and attachment within 30 days of that change.

Print Name: _____

Signature: _____ Date: _____