**NIH Pre-Submission Declaration Form**

**Declaration by Investigators when submitting applications for funding by US Department of Health & Human Services organisations, such as the NIH, the National Cancer Institute and the National Institute of Allergy & Infectious Diseases.** This declaration is required for all applications, including those that are routed via other organisations, e.g. universities in the USA.

All investigators applying for funding from any US Department of Health & Human Services organisation have to comply with a Financial Conflicts of Interest (‘FCOI’) Policy by making declarations regarding FCOIs, Significant Financial Interests (‘SFIs’) and undertaking training before the submission of an application.

In this context, ‘Investigators’ means anyone who is or would be responsible for the design, conduct, or reporting of the application/project e.g. Principal Investigators (PIs) and Co-Investigators (Co-Is), as well as any other similarly responsible individuals, including honorary staff, students, technicians, external collaborators or consultants. It is the role of the individual and the degree of independence with which that individual works, rather than their title, that determines whether they fall within the definition of an ‘Investigator’.

All Investigators must familiarise themselves with the specific procedure, make the declarations below and sign and register this form (as pdf) in https://glci.inserm.fr before an application may be submitted. Where an application has more than one Investigator, they may make their declarations collectively on one form or on separate forms. Inserm will not authorise any application until all Investigators have completed a declaration and taken any necessary action.

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| **Information required** | **Project Details** |
| Title of project |  |
| Funding organisation (e.g. NIH) |  |
| Name of lead organisation, where applicable |  |
| Details of any external collaborators, including subcontractors, consultants, non-College staff, including KHP staff |  |

**Declaration by Investigator/s**

I/we have read and understood the responsibilities and requirements for Investigators regarding FCOIs and SFIs and agree to abide by them should the application be successful.

I/we have (each) completed the NIH on line tutorial.

I/we have (each) completed an SFI disclosure form and submitted it in line.

Where completion of the SFI disclosure form has revealed an FCOI, the details are details below. I/we will follow Inserm requirements with regard to any such FCOI.

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Declaration made by ................................................................ (Print Name) Date ..............................

Signature................................................................

Declaration made by ............................................................... (Print Name) Date ..............................

Signature..................................................................