### FORM #3:

## Financial Conflict of Interest (FCOI) Management Plan

Invest	Investigator Name:			
Department/Unit:				
Projec	Project Title/Grant Number:			
Fundir				
Date of Determination:				
Desigr	<b>Designated Official:</b> □ Provost □ Provost's Designee □ CFO			
1. Sun	nmary of Significant Financial Interest (SFI)			
•	Entity/Organization Involved:			
•	Nature of Interest (equity, compensation, intellectual property, travel, role, other):			
•	Estimated Value Range:			
	□ \$0–\$4,999 □ \$5,000–\$9,999 □ \$10,000–\$19,999			
	□ \$20,000–\$100,000 □ >\$100,000			
•	Relationship of SFI to NIH-Funded Research:			
2. Con	flict Determination			
Intere	esignated Official has determined that the disclosed SFI constitutes a <b>Financial Conflict of st (FCOI)</b> because it could directly and significantly affect the design, conduct, or ing of NIH-funded research.			

## 3. Management Strategies

The following measures will be implemented to manage, reduce, or eliminate the FCOI. (Check all that apply and add details.)

☐ Public D	<b>isclosure</b> of FCOI in publications, presentations, or informed consent documents.				
☐ Disclosu	re of FCOI to students, trainees, and collaborators.				
<ul><li>☐ Independent Data Monitoring by a non-conflicted faculty/staff member.</li><li>☐ Modification of Research Plan to reduce or eliminate conflict.</li></ul>					
					<ul> <li>□ Restriction of Investigator's Role in specific aspects of the project.</li> <li>□ Divestiture of the financial interest.</li> <li>□ Severance of Relationships with the outside entity.</li> </ul>
☐ Other (s	pecify):				
4. Monitor	ing Plan				
at l	e Designated Official (or designee) will <b>review compliance</b> with the management planeast <b>annually</b> and/or more frequently as needed.				
• IVIO	nitoring will include: <ul><li>Periodic review of publications, presentations, or reports.</li></ul>				
	<ul> <li>Verification of disclosures to students, collaborators, or human subjects.</li> </ul>				
	<ul> <li>Documentation of independent data review or oversight activities.</li> </ul>				
5. Investig	ator Obligations				
The Investi	gator agrees to:				
• Full	ly comply with this management plan.				
	operate with the Designated Official or committee in monitoring activities.				
	mptly disclose any new SFIs within 30 days.				
• Cer	tify annually that compliance with the management plan has been maintained.				
6. Instituti	onal Review and Approval				
Designated	d Official Determination:				
• □ F	COI adequately managed.				
	Additional measures required (describe):				
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# Investigator Acknowledgment:

I have reviewed and agree to comply with the terms of this Management Plan.

Investigator Signature:	Date:
Designated Official Signature:	Date:

## 7. NIH Reporting

Cedar Crest College will report this FCOI and its management plan to NIH via the eRA Commons FCOI Module, in compliance with 42 CFR 50.605(b)(3).