

## **DIMAGI FINANCIAL CONFLICT OF INTEREST STATEMENT**

### **Why Must I File?**

The duties and responsibilities of your position as a principal investigator, co-principal investigator, investigator, study chair or site principal investigator (hereinafter “Investigators”) require you to file a Research Financial Conflict of Interest Statement (Statement) to avoid involvement in a real or perceived conflict of interest. All Investigators are prohibited from participating personally and substantially in matters affecting their own financial interest. In addition, in research a real or perceived conflict of interest occurs when any financial arrangement, situation or action affects or is perceived to exert inappropriate influence on the design, review, conduct, results, or reporting of research activities or findings. This statement is to assist Investigators to avoid a conflict between their official duties and private financial interests or affiliations.

### **Who Must File?**

All participant of NIH awards (except Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) applications) must file this form

The regulation also applies to the project director or principal investigator and any other person, regardless of title or position, Dimagi determines is responsible for the design conduct, or reporting of research funded by the NIH, or proposed for such funding, which may include, for example, collaborators or consultants.

### **What if there is a change in the information provided?**

Dimagi would need to be notified when you have a change in relevant information that requires you to change an answer on Section I of the Statement to “yes” or that changes the reason for a “yes” answer

### **What If I Have Questions?**

Please feel free to reach out to [corporate-ops@dimagi.com](mailto:corporate-ops@dimagi.com)

## IMPORTANT DEFINITIONS:

**INSTRUCTIONS:** Complete this Statement to the best of your knowledge. Answering any question in the affirmative does not itself prevent you from conducting research or from receiving funds. You will, however, need to provide additional information so that a determination can be made of how to best manage any conflict of interest that may be identified.

**AFFECT THE FINANCIAL INTEREST** – Means the possibility to impact, either positively or negatively, the value or amount of financial interest to any degree whatsoever.

**CLOSE RELATIVE** – An individual who is related as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

**DEPENDENT CHILD** – A son, daughter, stepson, or stepdaughter and who either is (i) unmarried, under age 21, and living in your house, **or** (ii) considered dependent under the U.S. tax code.

**ENTITY** - Any person, for-profit or non-profit organization, institution (including a university), corporation, partnership, or governmental agency (other than a Federal agency).

**OUTSIDE EMPLOYER** – An entity with which you serve as officer, director, trustee, general partner, or employee.

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NAME (*Last, First, Middle*)

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TELEPHONE AND EMAIL

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NAME OF STUDY

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SPONSOR OF STUDY

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FUNDING SOURCE

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## **SECTION I**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>1. INCOME AND COMPENSATION.</b> Do you, your spouse, dependent child or general partner receive income or other compensation from an entity whose financial interests could be affected by this study?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>2. BUSINESS RELATIONSHIPS.</b><br>A. <u>Current Relationships:</u> Are you, your spouse, dependent child, general partner or parent serving, or seeking to serve, as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee with any entity whose financial interest could be affected by this study?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. <u>Covered Relationships:</u> Could this study affect the financial interest of you, your spouse, close relative, household member or general partner?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. <u>Relationships in the Past Year:</u> Have you, within the last year, served as an officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee for any entity whose financial interest could be affected by this study?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. <u>Business Arrangement or Agreements:</u> Are you seeking, negotiating for, or do you have, any business arrangement or agreement, such as a future employment agreement, re-employment rights, consultant agreement, pending severance arrangement or retirement plan, with any entity whose financial interest could be affected by this study?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>3. INTELLECTUAL PROPERTY.</b> With respect to intellectual property that could be affected by this study, are you, your spouse, dependent child, general partner, or outside employer: <ul style="list-style-type: none"> <li>(i) listed as the inventor on an invention disclosure or a patent application;</li> <li>(ii) the owner of any intellectual property;</li> <li>(iii) the holder of a license of a patent, copyright, software or other intellectual property;</li> <li>(iv) entitled to earn royalties now or in the future;</li> <li>(v) the author of written materials that are, or are going to be, commercialized;</li> <li>(vi) otherwise earning compensation from, or have a financial interest in, intellectual property (not covered elsewhere in this form); <u>OR</u></li> <li>(vii) holding any other financial relationship not covered elsewhere in this form?</li> </ul> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>4. NON-PUBLICLY TRADED COMPANIES.</b> Do you, your spouse, dependent child, or general partner have any stock, stock options, or other equity interest in a non-publicly traded company whose financial interest could be affected by this study?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>5. SPECIFIC TYPES OF FINANCIAL INTERESTS.</b><br>A. <u>Publicly-Traded Companies</u> : Do you, your spouse, or dependent child (in the aggregate) own or have an equity interest (stock ownership, stock options, etc.) valued at more than \$15,000 in a publicly-traded company or companies (aggregate value of all stocks in all such companies) whose financial interest could be affected by this study? <i>Note: This does not include stock controlled through a diversified mutual fund or a blind trust.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. <u>Sector Mutual Funds</u> : Do you, your spouse, or dependent child (in the aggregate) have equity holdings valued at more than \$50,000 in any sector mutual fund (or funds that concentrate in the same sector) whose holdings could be affected by this study? <i>Note: A sector mutual fund concentrates its investments in an industry, business, single country other than the United States, or bonds of a single State within the United States.</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- If you answered “yes” to any of the statements in Section I, you must fill out Section II.
- If you answered “no” to all statements in Section I, skip Section II, and proceed to Section III.

## **SECTION II: SUPPLEMENTAL INFORMATION**

Please attach additional pages, if you need more space to fully respond.

**1. INCOME AND COMPENSATION.** If you answered yes in paragraph 1 of Section I, explain the source, value, and reason for the income or other compensation.

### **2. BUSINESS RELATIONSHIPS**

A. **Current or Future Relationships.** If you answered yes in paragraph 2.A. of Section I, provide: (i) relationship to you of person serving or seeking to serve, (ii) the name of the entity in which the person serves/seeks to serve, (iii) the type of business, and (iv) how the entity’s financial interest could be affected by this study.

B. **Covered Relationships.** If you answered yes in paragraph 2.B. of Section I, identify: (i) the relationship between you and the person whose financial interest could be affected by this study, (ii) how this person’s financial interest could be affected by this study.

C. **Relationships in Past Year.** If you answered yes in paragraph 2.C. of Section I, provide: (i) name of the outside business, (ii) the type of business; (iii) your position with the outside business, and (iv) the date your relationship with the business ended.

D. Business Arrangement or Agreements. If you answered yes in paragraph 2.D. of Section I, provide: (i) name of entity with whom you are seeking, negotiating, or have an arrangement, (ii) type of business conducted by entity, (iii) brief description of the arrangement or agreement you are seeking, negotiating, or have with the entity, and (iv) description of the entity's relation to this study.

**3. INTELLECTUAL PROPERTY.** If you answered yes in paragraph 3 in Section I, identify: (i) what you, your spouse, dependent child, general partner, or outside employer has, and (ii) how it could be affected by this study.

**4. NON-PUBLICLY TRADED COMPANIES.** If you answered yes in paragraph 4 of Section I, provide additional information below.

Name of Company:

Type of Equity Interest:

Describe the nature of the company and how its financial interest could be affected by this study.

## **5. SPECIFIC TYPES OF FINANCIAL INTERESTS**

A. Publicly Traded Companies. If you answered yes in paragraph 5.A. of Section I, provide additional information below for each affected company.

Name of Company

Type of Equity Interest

Value of Equity Interest

Describe the company's business and how it is related to your area of research.

B. **Sector Mutual Funds**. If you answered yes in paragraph 5.B. of Section I, identify the names of the relevant fund(s).

### **Section III**

#### **Certification:**

I have read and understood the Dimagi Financial Conflict of Interest Policy for PHS Funded Research and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by Dimagi to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision?

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(date)

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(signature)

additional page(s) attached

☐ Yes   ☐ No