



University of Puerto Rico at Cayey

Office of Sponsored Programs and Research

NOTICE OF INTENT (NOI)

To comply with the sponsor's deadlines the Notice of Intent (NOI) must be submitted to the Office of Sponsored Programs and Research twenty-one (21) days prior to the deadline.

Type:      New:                      Renewal:                      Revised:

1.	TITLE OF PROPOSAL:		
2.	NAME OF PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:		
3.	DEPARTMENT:		
4.	FUNDING AGENCY:		
5.	TITLE OF PROGRAM SOLICITATION:	CFDA NUMBER (If applicable)	
6.	AGENCY DEADLINE SUBMISSION: _____		
7.	BRIEF PROJECT SYNOPSIS:		
8.	PROPOSED STARTING DATE:	PROPOSED ENDING DATE:	
9.	ESTIMATED DIRECT COST REQUESTED: \$ _____	MATCHING FUNDS REQUIRED: Yes    No	PROGRAM INCOME: Yes    No
	INDIRECT COST PERCENT _____%	AMOUNT: \$ _____	"EXPORT CONTROLS": Yes    No
10.	Source of UPR-Cayey Cost Sharing:		
	Not Applicable:	\$ _____	
	Academic Dean:	\$ _____	
	Department:	\$ _____	
	Chancellors Office:	\$ _____	
	Other: (Identify):	\$ _____	
11.	If the project will require any of the following, please identify the resources needed, including estimated costs and explain the plans to cover costs:		
	<input type="checkbox"/> Renovation, construction or rental of space. <input type="checkbox"/> Expanded Utility (or network) services to support proposal, additional equipment, e.g. computers, fume hoods, airconditioning. <input type="checkbox"/> Disposal of chemical substances  <input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Maintenance of equipment <u>NOT</u> included in the proposal. <input type="checkbox"/> Institutional Commitment, once the proposal has concluded.	

12.	Will the project involve release time?: Is yes, indicate, percent: _____% Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	DOES THE PROJECT INVOLVE THE USE OF HUMAN OR ANIMAL SUBJECTS? Yes <input type="checkbox"/> No <input type="checkbox"/> a. If yes, indicate which: <input type="checkbox"/> Animals <input type="checkbox"/> Humans <input type="checkbox"/> Both b. If yes, ¿Has the protocol been reviewed and approved by the <i>Institutional Review Board for Human Subjects</i> or an <i>Animal Care &amp; Use Committee</i> ? IRB NO. _____ _____ In process c. IACUC approval process must be made between PI/PD and the Institution that hosts animal facilities. Which? _____ IRBPHS _____ IACUC _____
14.	In compliance with the institutional policies: "Conflicts of Interest and Disclosure of Financial Interest in Research and Other Sponsored Programs": (Cert. Núm. 8, 2012-2013, JG)  <input type="checkbox"/> a. I certify that I have read, completed and signed the "Disclosure of Investigator's Significant Financial Interest, FORM 1.A".
15.	Does the PI/PD perform tasks for other projects in the Institution or within the UPR system? If yes, indicate % _____. Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify that this project has been discussed with my Department Chair. I have not committed the institutions' to expenses which are not covered in the grant except for in-kind contributions, which I have thoroughly discussed with the Department Chair and Dean, and they have to cover such expenses from their budgets.	
PI/PD:	Date:
Department Chair/Institute Director:	Date:
Academic Dean (or corresponding Dean):	Date:
Chancellor:	Date:

Instructions:

1. All questions must be answered in the NOI.
2. All signatures are required.
3. Return the completed form to the Office of Sponsored Programs and Research with a draft or synopsis of the proposal and Disclosure of Investigator's Significant Financial Interest (FORM 1.A).
4. The Office of Sponsored Programs and Research will contact the PI/PD upon final approval of the documents.
5. It is important to remember that the final proposal must be submitted to the Office of Sponsored Programs and Research including any original agency forms or certifications required by the agency.
6. For further support, contact: gladys.ramos@upr.edu, maria.santiago25@upr.edu.

**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 Disclosure: \_\_\_\_\_ New  Update

Investigator  Collaborator  or Consultant  at University of Puerto Rico \_\_\_\_\_ Campus.

First Name	Middle Initial	Last Name

Office phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

If you answer **Yes** to any of the 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 interest 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
<p><b>(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?</b></p> <p>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.</p>		
<p><b>(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, exceed \$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)?</b></p>		
<p><b>(iii) Do you receive income from intellectual property rights and interest (e.g., patents, copyrights), not assigned to the UPR?</b></p>		
<p><b>(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?</b></p> <p>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 in 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.</p>		

University of Puerto Rico

Disclosure of Investigator's Significant Financial Interest

FORM 1.A

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 interests 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.

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 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: \_\_\_\_\_