

Flight Attendant Medical Research Institute, Inc.

INSTITUTIONAL TOBACCO DISCLOSURE STATEMENT

for the applying school

Due date September 11, 2009

Applications that do not have an accompanying Institutional Tobacco Disclosure Statement will not be considered for funding

Assigned FAMRI proposal number: _____

(This will be automatically generated and sent to the PI's email address upon submission on line at <https://submissions.aibs.org/opportunities>)

Instructions to Principal Investigator and the Institution's Grants Administrator:

If the applying school of your institution, (e.g. Medical School or School of Public Health) has had an affiliation (paid or unpaid) with the tobacco industry within the last five years, you must answer yes to the query below. Please list (attach additional sheets as necessary), the applying school's current and past affiliations with the tobacco industry or its affiliates (see list of companies on the Web at www.famri.org).

If your Institution and/or the applying school has a policy regarding acceptance of funds from tobacco companies, we ask that you upload a pdf file of the policy with your disclosure statement (see instructions for uploading the form below).

If you have any questions regarding completion of this form or your eligibility, please contact FAMRI's Executive Director, Elizabeth Kress, by phone: (305) 379-7007 or e-mail: ekress@famri.org

When this form has been completed, **please scan it and save it using the FAMRI number that was assigned upon submission followed by _TDS/Inst.** The completed form should be e-mailed to famri@aibs.org.

Please check one:

Yes, the school applying has current or previous affiliations (funding or other involvement) with one or more of the tobacco companies listed on the FAMRI Web site, www.famri.org.

No, our Institution and the applying school has no current or previous affiliations with the tobacco companies listed on the FAMRI Web site, www.famri.org. _____

If "Yes" above, please list each funding affiliation, and adhere to the following format:

1. Name of tobacco company or affiliate
2. Dates and duration, purpose, and total amount of funding
3. Dates and description of other involvement of any faculty member, such as serving on review boards, etc.

Institutional Disclosure Form

Does your Institution or applying school have a policy regarding acceptance of funding from tobacco companies? Yes ___ No ___

If “Yes” please submit a copy of the institutional policy with this form.

Investigator's Printed Name

Investigator's Signature

Date

Institution

Grant Administrator's Printed Name

Grant Administrator's Signature

Date