Financial Conflict of Interest Policy

Promoting Objectivity in Research Funded by the Public Health Service

Live-Evermore, Inc. (d/b/a Evermore)

Authority	42 CFR Part 50, Subpart F; 45 CFR Part 94
Conforms to	NIH Checklist for Policy Development Related to the 2011 FCOI Regulation, rev. June 29, 2026
Applies to	All Investigators on research funded by, or proposed for funding by, any PHS awarding component, PCORI, or other external funder
Designated Official	The Scientific Grants Manager
Adopted	November 17, 2026
Review cycle	Annually, and within 60 days of any change to the Regulation or NIH policy
Public posting	evermore.org; submitted via eRA Commons Institution Profile Module

1. Purpose

Evermore relies on the highest quality evidence in its decision-making. That commitment requires that research Evermore conducts, supports, or applies for support to conduct is designed, conducted, and reported free from bias created by any financial conflict of interest of an Investigator.

This Policy establishes the standards and procedures by which Evermore identifies, manages, reduces, or eliminates financial conflicts of interest, and implements the regulation at 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for Which Public Health Service Funding is Sought" (the "Regulation"), together with 45 CFR Part 94 where applicable.

2. Scope

This Policy applies to every grant and cooperative agreement funded by, or for which funding is sought from, any component of the Public Health Service (PHS), including the National Institutes of Health (NIH), other than Phase I Small Business Innovation Research and Small Business Technology Transfer applications and awards.

This Policy applies to each Investigator, as defined in Section 3, who is planning to participate in or is participating in PHS-funded research, regardless of whether that person is an employee, officer, director, independent contractor, consultant, or volunteer of Evermore.

Evermore also applies this Policy in full to research and projects funded by the Patient-Centered Outcomes Research Institute (PCORI), and to any other externally funded research or project for which the funder requires or expects a financial conflict of interest policy meeting the standards of the Regulation. Where a

funder's own requirements are more stringent than this Policy, those requirements apply in addition to it, and reports are made to that funder in the manner and within the timeframes that funder prescribes.

Where this Policy and the Regulation conflict, the Regulation controls. Where this Policy imposes a standard more stringent than the Regulation, Evermore adheres to its own standard and reports identified financial conflicts of interest in accordance with that standard, within the timeframes the Regulation prescribes.

3. Definitions

The definitions at 42 CFR 50.603 apply. The following are stated here because they determine who must act under this Policy.

3.1 Investigator

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 PHS-funded research, or of an application for PHS funding. This determination turns on function, not on job title, employment status, or whether the person is named as senior/key personnel.

At Evermore, Investigators ordinarily include:

- Each Project Director or Principal Investigator, including each Principal Investigator under a multiple-PI arrangement;
- Any person named as senior/key personnel in an application, progress report, or other report submitted to NIH;
- Any independent contractor, consultant, or subrecipient investigator responsible for the design, conduct, or reporting of the research;
- For conference and scientific meeting awards, Investigator also includes: each member of a planning, organizing, steering, or program committee who decides on the scientific content of the meeting, and each person who speaks, presents, or is selected to do so, whether or not a publication results and whether or not they are named as key personnel.

The Designated Official identifies the Investigators for each project in writing before the application is submitted, and updates the list whenever personnel or committee membership changes. Attendance at a conference, without a role in deciding its content and without presenting, does not by itself make a person an Investigator.

3.2 Institutional Responsibilities

Institutional responsibilities mean an Investigator has professional responsibilities on behalf of Evermore. For purposes of this Policy these include research; research consultation; the design, conduct, or reporting of any project; teaching, training, and curriculum development; professional practice; the planning of scientific meetings and selection of their content or participants; service on Evermore committees, advisory bodies, and the Board of Directors; and institutional, editorial, or external advisory service undertaken on Evermore's behalf.

3.3 Significant Financial Interest

A Significant Financial Interest (SFI) is a financial interest, whether foreign or domestic, held by the Investigator or by the Investigator's spouse or dependent children, that reasonably appears to be related to the Investigator's institutional responsibilities, and that meets one or more of the criteria below.

For this section, remuneration is defined as salary or any payment for services, such as consulting fees, honoraria, paid authorship, and speaking fees. Equity interest is defined as stock, stock options, or any other ownership interest.

- Publicly traded entities: Remuneration from a publicly traded entity received in the twelve months preceding the disclosure, together with the value of any equity interest in that entity as of the date of disclosure, where the aggregate value exceeds $5,000.
- Non-publicly traded entities: Remuneration from a non-publicly traded entity received in the twelve months preceding the disclosure where the aggregate value exceeds $5,000, or any equity interest of any value.
- Intellectual property: Rights and interests in intellectual property, including patents and copyrights, upon receipt of income related to those rights and interests when exceeding $5,000 in the twelve months preceding the disclosure.
- Travel: Reimbursed or sponsored travel related to the Investigator's institutional responsibilities, as set out in Section 5.3.

Financial interests from foreign sources, including foreign institutions of higher education and foreign governments, are subject to the same disclosure terms as domestic interests. The exclusions in Section 3.4 for institutions of higher education and affiliated entities apply only to entities located in the United States.

3.4 Exclusions from Significant Financial Interest

An SFI does not include:

- Salary, royalties, or other remuneration paid by Evermore to an Investigator who is currently employed or otherwise appointed by Evermore, including intellectual property rights assigned to Evermore and agreements to share in royalties related to those rights;
- Income from investment vehicles, such as mutual funds and retirement accounts, where the Investigator does not directly control the investment decisions;
- Income from seminars, lectures, or teaching engagements sponsored by a United States federal, state, or local government agency; a United States institution of higher education as defined at 20 U.S.C. 1001(a); an academic teaching hospital; a medical center; or a research institute affiliated with a United States institution of higher education;
- Income from service on advisory committees or review panels for any of the entities listed immediately above.

3.5 Financial Conflict of Interest

A Financial Conflict of Interest (FCOI) exists when Evermore, through its Designated Official, reasonably determines that an SFI could directly and significantly affect the design, conduct, or reporting of the PHS-

funded research. "Significantly" means that the financial interest could have a material influence on any aspect of the research in question.

4. The Designated Official

Evermore designates the official below to solicit and review Investigator disclosures, determine relatedness and the existence of an FCOI, develop and implement management plans, and prepare FCOI reports to NIH or other applicable agencies.

Role	Person	Contact
Designated Official	The Scientific Grants Manager	hello@evermore.org
Alternate (on recusal)	Appointed by the Board Chair	Recorded in the recusal record

The Designated Official is a member of staff with primary responsibility for the administration of Evermore's federal awards day-to-day and holds the corresponding roles in the federal grant systems. When Evermore's Executive Director is an Investigator on federally funded projects, the recusal provision below applies.

4.1 Recusal

Where the Designated Official is the Investigator whose disclosure is under review, or otherwise has a personal, professional, or financial interest in the outcome, the Designated Official recuses themselves in writing and the Board Chair appoints an alternate reviewer from among the disinterested directors. Where the Board Chair is also conflicted, the disinterested members of the Board appoint the alternate. Where no disinterested internal reviewer is available, Evermore engages a qualified external reviewer. Each recusal and alternate appointment is documented in the project file. Because the Designated Official reports to the Executive Director, the Executive Director's own disclosure is reviewed by the Board Chair as a standing rule, without the need for a recusal in each instance.

5. Investigator Disclosure

5.1 Obligation to Disclose

Each Investigator must disclose to the Designated Official all SFIs, foreign and domestic, held by the Investigator and by the Investigator's spouse and dependent children, that are reasonably related to the Investigator's institutional responsibilities. Disclosure is made on Evermore's Significant Financial Interest Disclosure Form, issued separately under this Policy. An Investigator with no SFI to report submits the form recording that fact.

5.2 Timing

Disclosure is required:

- No later than the time of application for funding of an award covered by this Policy

- For an Investigator who joins a project covered by this Policy after the award has been made, no later than the date they begin their work
- At least annually during the period of the award, on a schedule the Designated Official sets and at minimum before each budget period;
- Within 30 days of discovering or acquiring a new SFI, whether by purchase, marriage, inheritance, or otherwise;
- Within 30 days after each occurrence of applicable reimbursed or sponsored travel as outlined in section 5.3; and
- At any time on request of the Designated Official.

5.3 Reimbursed and Sponsored Travel

Investigators must disclose reimbursed or sponsored travel related to their institutional responsibilities. Reimbursed travel is travel that the Investigator pays for and is later repaid, while sponsored travel is paid directly on the Investigator's behalf, where exact cost may not be known to the Investigator. When the value of travel is known and exceeds an aggregate of $5,000 from a single entity over the course of 12 months, it must be disclosed. Travel sponsored by a United States federal, state, or local government agency; a United States institution of higher education as defined at 20 U.S.C. 1001(a); an academic teaching hospital; a medical center; or a research institute affiliated with a United States institution of higher education need not be disclosed. Travel sponsored by a foreign government, a foreign institution of higher education, or any other foreign entity is disclosable.

Each travel disclosure must state at minimum the purpose of the trip, the identity of the sponsor or organizer, the destination, and the duration, and the monetary value where known. Evermore's Reimbursed and Sponsored Travel Disclosure Form, issued separately under this Policy, is used. The Designated Official determines in each case whether the travel constitutes an FCOI and may request additional information to make that determination.

This section receives particular attention in Investigator training.

6. Review, Determination, and Management

6.1 Review Before Expenditure of Funds

Before Evermore expends any funds under a PHS or other applicable award, the Designated Official must:

- Review all Investigator disclosures of SFI for that project;
- Determine whether any SFI is related to the Investigator's funded research in question— that is, whether the SFI could be affected by the research, or is in an entity whose financial interest could be affected by the research;
- Determine whether any related SFI constitutes an FCOI, as defined in this Policy
- Develop and implement a written management plan for each FCOI identified.

The Investigator may be involved in determining whether an SFI is related to the research. The determination of whether a related SFI is an FCOI rests with the Designated Official. Every determination is recorded in writing on Evermore's Designated Official Determination Record, issued separately under this Policy, including determinations that no SFI exists, that an SFI is unrelated, or that a related SFI is not an FCOI. When required by federal regulation or law, the FCOI will be reported to the applicable awarding agency before funds are spent.

6.2 Sixty-Day Reviews

The Designated Official completes the review, determination, and, where an FCOI is found, implementation of at least an interim management plan within 60 days in each of the following circumstances:

- An Investigator who is new to participating in the research project discloses an SFI;
- An existing Investigator discloses a new SFI; or
- Evermore identifies an SFI that was not disclosed in a timely manner by an Investigator, or that for any reason was not previously reviewed during an ongoing PHS-funded project, including where a subrecipient did not review or report it in a timely manner.

An interim management plan specifies the actions that have been and will be taken to manage the FCOI going forward.

6.3 Management Plans

A management plan must be written and signed by the Investigator and the Designated Official, and specifies the actions taken to manage, reduce, or eliminate the FCOI, and how the Designated Official will monitor compliance. Conditions or restrictions that may be imposed include:

- Public disclosure of the FCOI, including in presentations and publications arising from the research;
- Disclosure of the FCOI directly to participants, where human subjects are involved;
- Appointment of an independent monitor capable of taking measures to protect the design, conduct, and reporting of the research from bias;
- Modification of the research plan;
- Change of personnel or of an Investigator's role and responsibilities;
- Disqualification of the Investigator from participation in all or a portion of the research;
- Reduction or divestiture of the financial interest; and
- Severance of the relationship that creates the conflict.

For conference and scientific meeting awards, additional conditions may include recusal from decisions on speaker selection or program content, disclosure of the interest to the organizing committee and in the meeting program, and independent review of the agenda.

The Designated Official monitors Investigator compliance with each management plan until the project is complete, and documents that monitoring at least annually.

7. Reporting to NIH

Evermore submits FCOI reports — initial, annual, and revised — for its own Investigators and, where applicable, for subrecipient Investigators, through the eRA Commons FCOI Module. Each report contains the information required at 42 CFR 50.605(b)(3), including the project number and title; the PD/PI or contact PD/PI; the name of the Investigator with the FCOI; the name of the entity in which the interest is held; the nature of the interest; the value of the interest or a statement that the value cannot be readily determined; a description of how the interest relates to the research and the basis for determining that it conflicts; and a description of the key elements of the management plan.

Reports are submitted:

- Prior to the expenditure of funds;
- Within 60 days of identification of an FCOI for an Investigator newly participating in the project, or for a new or newly identified FCOI of an existing Investigator;
- At least annually, at the same time as the annual or multi-year progress report or at the time of an extension, giving the status of the FCOI and any changes to its management plan until the project is complete; and
- Following a retrospective review, to update a previously submitted report where new information is discovered.

Evermore makes FCOI and SFI information, including the related institutional reviews and determinations, available to NIH promptly on request.

Reporting for awards under other agencies where this Policy is applicable shall be made according to the terms of that award.

8. Retrospective Review and Mitigation

8.1 When a Retrospective Review Is Required

Evermore completes a retrospective review of the Investigator’s activity and of the PHS-funded research project within 120 days of determining noncompliance, in each of the following circumstances:

- An Investigator failed to disclose in a timely manner an SFI that Evermore determines constitutes an FCOI;
- Evermore failed to review or manage such an FCOI; or
- An Investigator failed to comply with an FCOI management plan.

The purpose of the review is to determine whether the research conducted during the period of noncompliance was biased in its design, conduct, or reporting.

8.2 Documentation of the Review

Documentation includes at minimum:

- The project number;
- The project title;
- The PD/PI, or the contact PD/PI where a multiple-PI model is used;
- The name of the Investigator with the FCOI;
- The name of the entity with which the Investigator has the FCOI;
- The reasons for the retrospective review;
- The detailed methodology used, including the review process, the composition of the review panel, and the documentation reviewed;
- The findings of the review; and
- The conclusions of the review.

8.3 Mitigation Report

Where the retrospective review determines that bias was found in the design, conduct, or reporting of the PHS-funded research, Evermore notifies NIH promptly and submits a mitigation report. The mitigation report contains the key elements documented in the retrospective review under Section 8.2, together with a description of the impact of the bias on the research project and Evermore's plan of action, or the actions already taken, to eliminate or mitigate the effect of the bias. Evermore thereafter submits FCOI reports annually as required and described in Section 7.

8.4 Public Health Service Findings of Unmanaged Conflict in Clinical Research

Where the Department of Health and Human Services determines that a PHS-funded clinical research project whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment was designed, conducted, or reported by an Investigator with an FCOI that Evermore did not manage or report as required, Evermore requires that Investigator to disclose the FCOI in each public presentation of the results of the research, and to request an addendum to any previously published presentation.

9. Noncompliance, Enforcement, and Sanctions

Evermore enforces Investigator compliance with this Policy and with each management plan. Failure to disclose, failure to disclose in a timely manner, failure to complete required training, or failure to comply with a management plan is a violation of this Policy.

The Designated Official, in consultation with the Executive Director or, where the Executive Director is the Investigator concerned, with the Board Chair, may impose one or more of the following sanctions, proportionate to the violation:

- A letter of reprimand placed in the personnel or contract file;
- A requirement to complete additional training;
- Restriction on the Investigator's use of or authority over award funds;
- Imposition of additional monitoring or reporting conditions;

- Removal from the project, from a planning or organizing committee, or from a leadership role;
- Suspension or termination of employment, of a contract or consulting engagement, or of a volunteer appointment; and
- Removal from the Board of Directors in accordance with the bylaws.

These remedies apply equally to employees, officers, directors, independent contractors, consultants, and volunteers who serve as Investigators.

Evermore notifies NIH promptly when an Investigator, including a subrecipient Investigator, where noncompliance with a management plan appears to have biased the design, conduct, or reporting of the PHS-funded research, and takes corrective action.

10. Training

Evermore informs each Investigator of this Policy, of the Investigator's responsibility to disclose all foreign and domestic SFIs, and of the requirements of the Regulation.

Each Investigator must complete FCOI training:

- Prior to engaging in research related to any PHS-funded award;
- At least every four years thereafter;
- Immediately when Evermore revises this Policy in a way that affects Investigator requirements;
- Immediately when an Investigator is new to Evermore; and
- Immediately when an Investigator is found to be out of compliance with this Policy or with the terms of any management plan.

The NIH FCOI tutorial satisfies this requirement and is available at no cost. The Designated Official maintains the training record and verifies completion before Investigators may begin work on the research.

11. Subrecipients

Where Evermore carries out PHS-funded research through a subrecipient, including a subaward, consortium arrangement, or contract, Evermore establishes by written agreement, consistent with 42 CFR 50.604(c) and NIH Grants Policy Statement Section 15.2.1, whether this Policy or the subrecipient's FCOI policy applies to the subrecipient's Investigators.

Where the subrecipient's policy applies — the ordinary arrangement where the subrecipient is a university or other research institution — the written agreement must:

- Obtain the subrecipient's certification that its FCOI policy complies with the Regulation; and
- Subrecipients are expected to report any identified FCOI prior to subaward funds being spent, or within 15 days of their identification so Evermore may meet its reporting obligations under Section 7.

Where the subrecipient cannot certify compliance, the written agreement requires the subrecipient's Investigators to disclose under this Policy, on a timeline that enables Evermore to review those disclosures and to identify, manage, and report any FCOI to NIH or other covered agency.

Evermore takes such action as is necessary to manage any FCOI of a subrecipient Investigator and monitors compliance until the project is complete. Subrecipient FCOI terms are reviewed before execution of each subaward and at each renewal.

12. Public Accessibility

This Policy is posted on a publicly accessible page of evermore.org and is submitted to NIH through the eRA Commons Institution Profile Module.

Prior to the expenditure of funds, Evermore makes available information concerning any identified FCOI held by senior/key personnel. Senior/key personnel for this purpose means the PD/PI and any other person identified as senior/key personnel by Evermore in the grant application, progress report, or any other report submitted to NIH under the Regulation.

Evermore responds to any written request for this information within five business days. The response includes the Investigator's name; the Investigator's title and role in the research project; the name of the entity in which the SFI is held; the nature of the SFI; and the approximate dollar value of the SFI in ranges of $0–$4,999, $5,000–$9,999, $10,000–$19,999, amounts between $20,000 and $100,000 by increments of $20,000, amounts above $100,000 by increments of $50,000, or a statement that the value cannot be readily determined.

Evermore updates this information at least annually and within 60 days of any newly disclosed FCOI, and each update remains available for three years. Evermore has elected the written-response method rather than continuous website posting; the election is recorded here so that any requester and any reviewer know which method applies.

13. Records

Evermore maintains all records relating to Investigator disclosures of financial interests; Evermore's review of and response to those disclosures, whether or not a disclosure resulted in a determination of an FCOI; management plans and monitoring records; training records; retrospective reviews and mitigation reports; and all other actions taken under this Policy.

Records are retained for at least three years from the date the final expenditure report is submitted, or for such longer period as applies under 2 CFR 200.334, including where litigation, a claim, or an audit has begun before the expiration of the three-year period and until such matter is resolved.

14. Certification, Administration, and Review

Evermore certifies the following for each application for PHS funding:

*That it has in effect an up-to-date, written, and enforced administrative process to identify and manage FCOI;

*That this Policy is posted publicly and submitted to NIH through the eRA Commons Institution Profile Module

* That it promotes and enforces Investigator compliance;

*That it manages FCOIs and provides initial and ongoing FCOI reports to NIH, or to other covered agencies in accordance with their policies;

*That it makes FCOI and SFI information available promptly on request; and

*That it complies fully with all applicable Regulations.

This Policy is reviewed by the Board of Directors at least annually and revised within 60 days of any change in the Regulation or in applicable NIH or PHS policy. Each revision is dated and version-stamped; the current version replaces the prior version on the website without any gap in posting, and the revised version is resubmitted through the eRA Commons Institution Profile Module. Superseded versions are retained.

Appendix. Regulatory Crosswalk

This appendix maps each requirement in the NIH Checklist for Policy Development Related to the 2011 Financial Conflict of Interest Regulation (revised June 29, 2026) to the section of this Policy that addresses it.

Checklist requirement	Citation	Policy section
Inform each Investigator of the policy, disclosure responsibilities, and the Regulation	50.604(b)	10
FCOI training before research, every 4 years, and on the four triggering events	50.604(b)	10
Disclosure of foreign and domestic SFI, including spouse and dependent children	50.603; 50.604(e)	3.3, 5.1
Disclosure at application, annually, within 30 days of new SFI, within 30 days of travel	50.604(e)(1)–(3)	5.2, 5.3
Designate an official to solicit and review disclosures	50.604(d)	4
Guidelines for determining relatedness and existence of an FCOI	50.604(f)	3.5, 6.1
Examples of conditions or restrictions to manage an FCOI	50.605(a)(1)	6.3
Review, determine, and implement a management plan before expenditure of funds	50.605(a)(1)	6.1
Sixty-day review for new Investigators and newly disclosed SFI	50.605(a)(2)	6.2
Sixty-day review for SFI not timely disclosed or not previously reviewed	50.605(a)(3)(i)–(iii)	6.2
Manage FCOIs including subrecipient conflicts; monitor compliance to completion	50.604(g); 50.605(a)(4)	6.3, 11
Initial, annual, and revised FCOI reports via eRA Commons FCOI Module	50.604(h); 50.605(b)	7
Notify NIH and submit a mitigation report where bias is found	50.605(a)(3)(iii)	8.3
Notify NIH of Investigator or subrecipient noncompliance and take corrective action	50.606(a)	9
Retain records for three years from the final expenditure report	50.604(i)	13
Enforcement mechanisms and sanctions	50.604(j)	9
Retrospective review within 120 days; the three triggering circumstances	50.605(a)(3)(ii)(A)	8.1

Checklist requirement	Citation	Policy section
Nine key elements documented in the retrospective review	50.605(a)(3)(ii)(B)	8.2
Investigator disclosure and addendum where HHS finds unmanaged conflict in clinical research	50.606(c)	8.4
Written subrecipient agreement specifying which FCOI policy applies	50.604(c)(1)(i)–(iii)	11
Subrecipient certification of compliance and reporting timeframe	50.604(c)	11
Policy posted on a public website	50.604(a)	12, 14
Senior/key personnel FCOI information publicly accessible before expenditure	50.605(a)(5)(i)–(iv)	12
Five business day written response; annual and 60-day updates; three-year availability	50.605(a)(5)	12
Institutional certifications in each application	50.604	14