

# CUNY Significant Financial Interest Disclosure Form for PHS Funded Research

\* to be completed by each investigator on the project

Name of Investigator: \_\_\_\_\_

College: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Please indicate whether **you, your spouse or your dependent children** have any of the following financial interests that may reasonably be related to your *institutional responsibilities*<sup>1</sup>:

1. Involving a <b>publicly traded entity</b> , the total of (a) salary or any payment for other services (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months and (b) the value of any equity interest in the entity (including any stock, stock option, or other ownership interest) as of the date of this disclosure, in excess of \$5,000.	Yes No
2. From a <b>non-publicly traded entity</b> , salary or any payment for other services (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months, in excess of \$5,000.	Yes No
3. In a <b>non-publicly traded entity</b> , <i>any</i> equity interest in the entity (including any stock, stock option, or other ownership interest).	Yes No
4. Intellectual property rights and interests (for example, patents and copyrights).	Yes No

For **yourself** ONLY:

5. Any reimbursed travel or sponsored travel ( <i>i.e.</i> , paid on your behalf and not reimbursed directly to you) that is related to your institutional responsibilities.  EXCLUSIONS: This does NOT apply to travel paid for by a Federal, state or local government agency, an institution of higher education <sup>2</sup> , an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.	Yes No
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**If you responded “yes” to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form and the Supplement Form, if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.**

If you have any questions about this Form or the information it seeks, please refer to the research conflict of interest web site at <http://www.cuny.edu/research/compliance/conflictinterestpolicy.html>.

<sup>1</sup> Professional responsibilities on behalf of CUNY, performed in the course of and within the scope of your appointment or employment by CUNY, which may include activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards.

<sup>2</sup> As defined at 20USC1001(a)

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and within 30 days of discovering or acquiring a new significant financial interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.

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Signature

Date