

CUNY Significant Financial Interest Disclosure Form For Research Projects **NOT** Funded by the Public Health Service

* to be completed by each investigator on the project

Name of Investigator: _____

Phone: _____

Email: _____

College: _____

Title of Research Project: _____

Funding Source: _____

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**¹:

1. A total of salary, any other payment for services (for example, consulting fees or honoraria), and royalties expected to be received in the next 12 months that exceeds \$10,000, when aggregated for you, your spouse, and your dependent children, excluding any salary, royalties, or other remuneration from CUNY and income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities or from service on advisory committees or review panels for such entities.	Yes No
2. An equity interest (for example, stocks, stock options, or other ownership interests) in any single entity that, when aggregated for you, your spouse, and your dependent children, exceeds \$10,000 in value, as determined through reference to public prices or other reasonable measures of fair market value, <u>OR</u> represents more than a five percent (5%) ownership interest in the entity.	Yes No
3. Intellectual property rights and interests (for example, patents, copyrights).	Yes No

For **yourself** ONLY:

4. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S.	Yes No N/A
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¹ 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.

government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1 or 2 above?	
5. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1 or 2 above?	Yes No

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>.

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 also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or 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.

Signature

Date