

# CUNY Significant Financial Interest Supplement Form for PHS Funded Research

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

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

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

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

**Please provide requested details regarding your, your spouse's or your dependent children's positive disclosures made on the CUNY Significant Financial Interest Disclosure Form:**

- 1. Salary or any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **publicly traded entity** in the past 12 months:

Name of person (and relationship to self) to whom the salary or payment was made:

\_\_\_\_\_  
Name of publicly traded entity:

\_\_\_\_\_  
Nature of salary or payment for services:

\_\_\_\_\_  
Amount of salary or payment received:

\_\_\_\_\_  
Relationship to your institutional responsibilities:

- 2. Equity interest (including any stock, stock option, or other ownership interest) in a **publicly traded entity**:

Name of Person (and relationship to self) who holds the equity interest

\_\_\_\_\_  
Name of publicly traded entity:

\_\_\_\_\_  
Type of equity interest:

\_\_\_\_\_  
Current value of equity interest:

\_\_\_\_\_  
Relationship to your institutional responsibilities:

3. Salary or any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **non-publicly traded entity** in the past 12 months:

Name of Person (and relationship to self) to whom the salary or payment was made:

\_\_\_\_\_  
Name of non-publicly traded entity:

\_\_\_\_\_  
Nature of salary or payment for services:

\_\_\_\_\_  
Amount of salary or payment received:

\_\_\_\_\_  
Relationship to your institutional responsibilities:

4. Equity interest (including any stock, stock option, or other ownership interest) in a **non-publicly traded entity**:

Name of person (and relationship to self) who holds the equity interest:

\_\_\_\_\_  
Name of non-publicly traded entity:

\_\_\_\_\_  
Type of equity interest:

\_\_\_\_\_  
Relationship to your institutional responsibilities:

5. Intellectual property rights and interests (for example, patents and copyrights):

Owner of the intellectual property:

\_\_\_\_\_  
Description of the intellectual property:

\_\_\_\_\_  
Describe any royalties or income you currently receive or may receive in the future:

\_\_\_\_\_  
Relationship to your institutional responsibilities:

**For yourself ONLY:**

6. Any reimbursed travel or sponsored travel (*i.e.*, paid on your behalf and not reimbursed directly to you) that is related to your institutional responsibilities.

Travel sponsor/organizer:

Purpose of the trip:

Destination:

Duration:

**Agreement & Signature:**

By signing this form, I certify to the following:

- All of the information contained herein is true, accurate and complete.
- As required, I will submit an updated Form annually, prior to submission of annual progress reports; and within 30 days of any changes to the above-disclosed significant financial interest(s).
- 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