**CUNY Significant Financial Interest Supplement Form
for PHS Funded Sponsored Projects**

Name of Investigator:

Role of Investigator (project director / PI / co-PI / consultant / etc.):

CUNY College/Site of Sponsored Project:

Title of Sponsored Project:

Funding Source:

Does this project involve human subject research? Yes ☐ No ☐

**Please provide requested details regarding your positive responses made on the CUNY Significant Financial Interest Disclosure Form and, if necessary, use additional Supplement Forms:**

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| --- |
| * + - 1. Salary and 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 or persons (and relationship to self) to whom the salary or payment was made:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of **publicly traded entity**:Nature of salary, payment for other services, or royalties (description of work performed for remuneration):Amount of salary or payment received:Relationship to your institutional responsibilities: |
| * + - 1. Equity interest (including any stock, stock option, or other ownership interest) in a **publicly traded entity:**

Name of person or persons (and relationship to self) who hold(s) the equity interest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of **publicly traded entity**:Type of equity interest:Current value of equity interest:Relationship to your institutional responsibilities: |
| * + - 1. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received froma **non-publicly traded entity** in the past 12 months**:**

Name of person or persons (and relationship to self) to whom the salary or payment was made:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of **non-publicly traded entity**:Nature of salary, payment for other services, or royalties (description of work performed for remuneration):Amount of salary or payment received:Relationship to your institutional responsibilities: |
| * + - 1. Equity interest (including any stock, stock option, or other ownership interest) in a **non-publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of **non-publicly traded entity**:Type of equity interest:Relationship to your institutional responsibilities: |
| * + - 1. Intellectual property rights and interests (for example, patents and copyrights):

Owner(s) of the intellectual property:Description of the intellectual property:Description of any royalties or income you currently receive or may receive in the future:Relationship to your institutional responsibilities: |
| * + - 1. Acquisition or intention to acquire ownership of, or a license to, CUNY-owned intellectual property by an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity: Description of CUNY-owned intellectual property and your role in developing, discovering, or creating it:Description of the interest that the entity has acquired or is intending to acquire: |
| * + - 1. Teaching, supervision, or otherwise having control over any student or postdoctoral associate at CUNY who might be involved in work for an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity: Name of the student(s) or post doctoral associate(s) (please specify whether these are graduate students or post-docs): Planned involvement of the student(s) or post-doctoral associate(s):State your specific relationship with the student(s) involved in the project, (e.g. instructor, faculty advisor, thesis supervision, etc.): |
| * + - 1. Any reimbursed or sponsored travel (*i.e.*, travel paid on your behalf and not reimbursed to you) that is related to your institutional responsibilities.

Travel sponsor/organizer:Purpose of the trip:Destination:Duration:Amount of expenses, if known: |

**Agreement & Signature:**

By signing this form, I certify to the following:

* All of the information contained herein is true, accurate and complete.
* 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