

# CUNY Significant Financial Interest Supplement Form for Research NOT Funded by the Public Health Service

Name of Investigator:

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College:

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Title of Research Project:

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Funding Source:

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

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 remuneration from CUNY and income from engagements sponsored by public or nonprofit entities or from service on advisory committees or review panels for such entities:

i) Name of person or persons (and relationship to self) to whom the salary or payment is expected to be made:

\_\_\_\_\_  
Name of entity:

\_\_\_\_\_  
Nature of salary, payment for other services, or royalties:

\_\_\_\_\_  
Amount of salary, payment for other services, or royalties expected to be received in the next 12 months:

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

ii) Name of person or persons (and relationship to self) to whom the salary or payment is expected to be made:

\_\_\_\_\_  
Name of entity:

\_\_\_\_\_  
Nature of salary, payment for other services, or royalties:

\_\_\_\_\_  
Amount of salary, payment for other services, or royalties expected to be received in the next 12 months:

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

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, OR represents more than a five percent (5%) ownership interest in the entity:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

\_\_\_\_\_  
Name of entity:

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

\_\_\_\_\_  
Current value of equity interest and/or percentage of ownership interest in the entity, as applicable:

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

3. Intellectual property rights and interests (for example, patents, 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:

4. 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 or 2 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:

5. 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 or 2 above:

Name of entity:

\_\_\_\_\_  
Name of the student(s) or post doctoral associate(s):

\_\_\_\_\_  
Planned involvement of the student(s) or post-doctoral associate(s):

**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 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