

UNION COLLEGE
Financial Disclosure Form for All Investigators
Conducting Research Supported by Public Health Service Funding

Investigator: _____ Status: Current Pending
 Organization: _____ Period of Performance: _____
 Project Title: _____
 Sponsor & Program: _____
 Project Role: PI Co-PI Senior/Key Personnel Consultant Other Significant Contributor

Instructions for Investigators: Please review the *Financial Disclosure Policy for All Investigators Conducting Research Supported by Public Health Service Funding* when making certification and representations for this financial disclosure.

Significant financial interests must be included for you (the Investigator), your spouse or domestic partner, and any dependent child. Significant financial interests include any of the following interests if it reasonably appears to be related to the Investigator's institutional responsibilities, including all research, teaching, and/or service to the College:

- Any publicly traded entity, if the value of any remuneration received from the entity in the 12 months preceding the disclosure *and* the value of any equity interest in the entity as of the date of the disclosure, when aggregated, exceeds \$5,000;
- Any non-publicly traded entity, if the value of any remuneration received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000, *or* when the Investigator (or spouse, domestic partner, and/or dependent children) owns *any* equity interest, regardless of dollar value;
- Intellectual property rights and interests (e.g., patents and copyrights) upon receipt of income related to such rights and interests;
- Any occurrence of reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available) related to the Investigator's institutional responsibilities.

Do not report the following *excluded* financial interests:

- Salary, royalties, or other remuneration from Union College;
- Income from investment vehicles such as mutual funds or retirement accounts (as long as you do not directly control the investment decisions made in these vehicles);
- Income from seminars, lectures, or teaching engagements sponsored by government agencies, institutions of higher education, academic teaching hospitals, medical centers, or research institutes affiliated with institutions of higher education;
- Income from service on advisory committees or review panels for government agencies, institutions of higher education, academic teaching hospitals, medical centers, or research institutes affiliated with institutions of higher education;
- Any travel reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research center affiliated with an institution of higher education.

INVESTIGATOR CERTIFICATION

Select one:

- I hereby certify that I have read the Financial Disclosure Policy for All Investigators Conducting Research Supported by Public Health Service Funding. I certify to the best of my knowledge that I (or my spouse, domestic partner, or dependents) do not hold any significant financial interests that would reasonably appear to be related to my professional responsibilities and service to Union College.
- I have the following relationships, affiliations, activities, or interests that constitute significant financial interests under the Union College Financial Disclosure Policy for All Investigators Conducting Research Supported by Public Health Service Funding (see attached).

Investigator Signature

Date

Disclosure of Significant Financial Interests

Publicly Traded Entities

If the value of any remuneration received from the entity in the 12 months preceding the disclosure *and* the value of any equity interest in the entity as of the date of the disclosure, when aggregated, exceeds \$5,000.

Company Name:		
Interests Pertain To: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent		
Type of Interest:	<input type="checkbox"/> Equity	Value of Interest: # Shares: Current Market Value: Total Value:
	<input type="checkbox"/> Compensation	Total Value: Description of Relationship:
Sub-Total (Total Equity Value + Compensation over last 12 months):		
		Investigator Initials: _____ Date: _____

Company Name:		
Interests Pertain To: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent		
Type of Interest:	<input type="checkbox"/> Equity	Value of Interest: # Shares: Current Market Value: Total Value:
	<input type="checkbox"/> Compensation	Total Value: Description of Relationship:
Sub-Total (Total Equity Value + Compensation over last 12 months):		
		Investigator Initials: _____ Date: _____

[To identify additional publicly traded entities, copy the table above and paste here; repeat as needed]

Non-Publicly Traded Entities

If the value of any remuneration received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000, *or* when the Investigator (or spouse, domestic partner, and/or dependent children) owns *any* equity interest, regardless of dollar value.

Entity Name:		
Entity Business Type:		
Interests Pertain To: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent		
Position/Relationship:		
Type of Interest:	<input type="checkbox"/> Equity Estimated Value: \$ _____ Ownership: _____%	<input type="checkbox"/> Compensation Total Compensation: \$ _____
		Investigator Initials: _____ Date: _____

Entity Name:		
Entity Business Type:		
Interests Pertain To: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent		
Position/Relationship:		
Type of Interest:	<input type="checkbox"/> Equity Estimated Value: \$ _____ Ownership: _____%	<input type="checkbox"/> Compensation Total Compensation: \$ _____
		Investigator Initials: _____ Date: _____

[To identify additional non-publicly traded entities, copy the table above and paste here; repeat as needed]

Intellectual Property

Intellectual property rights and interests (e.g., patents and copyrights) upon receipt of income related to such rights and interests.

Entity Name:	
Interests Pertain To: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent	
Description of IP:	
Total Compensation:	\$
Investigator Initials: _____ Date: _____	

Entity Name:	
Interests Pertain To: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent	
Description of IP:	
Total Compensation:	\$
Investigator Initials: _____ Date: _____	

[To identify additional intellectual property rights & interests, copy the table above and paste here; repeat as needed]

Sponsored or Reimbursed Travel

Any occurrence of reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to the Investigator’s institutional responsibilities must also be disclosed, with the exception of any travel reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research center affiliated with an institution of higher education. Travel that is reimbursed by Union College from a sponsored fund account whose sponsor is an entity that is not one of those exempt entities shall be treated as an SFI. The Investigator must disclose the purpose of the trip, the identity of the sponsor and/or organizer, the destination and its duration. Additional information, including the estimated cost of travel, may be requested by the RIO, and must be furnished upon request.

Traveler(s): <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent	
Destination:	Travel Dates:
Purpose of Travel:	
Sponsor Name or Reimbursement Source:	
Investigator Initials: _____ Date: _____	

Traveler(s): <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent	
Destination:	Travel Dates:
Purpose of Travel:	
Sponsor Name or Reimbursement Source:	
Investigator Initials: _____ Date: _____	

Traveler(s): <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent	
Destination:	Travel Dates:
Purpose of Travel:	
Sponsor Name or Reimbursement Source:	
Investigator Initials: _____ Date: _____	

[To identify additional sponsored or reimbursed travel, copy the table above and paste here; repeat as needed]