

PHS Disclosure of Significant Financial Interests (SFI) and Obligations

Part I

This form must be completed and submitted by all Investigators who apply for, receive, plan to participate in or are participating in PHS grants or cooperative agreements for research. This includes SBIR/STTR Phase II applicants/awardees (but not Phase I SBIR/STTRs, which are exempt from this policy).

The Disclosure of Significant Financial Interests and Obligations is a **two-part form**:

1. All investigators must complete **Part I**. **← Investigator must attach copy(ies) of Part I to COEUS application.** *A copy of a disclosure must be uploaded into COEUS as an Institutional Attachment for each grant application.
2. If an investigator answers “**YES**” to any of the four questions, below, the investigator must also complete and submit **Part II to the Office for Regulatory and Research Compliance Services, FCOI@albany.edu**. ****Do NOT attach Part II to your COEUS application(s), only Part I.***

Name of Investigator whose information is contained below:
 Phone Number:
 College/Department/Division/School:
 Project Principal Investigator (If different from above):
 Title of Sponsored Project Proposal:

Title:
 Email Address:

Questions -- For help, see SUNY RF Policy	Yes	No
1- During the past 12 months did you, your spouse, or any of your dependent children serve as a director, partner, officer, employee or agent or in any managerial position in any organization that may have affected your institutional responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
2- During the past 12 months, have you, your spouse, or any of your dependent children received, income (cash or in kind) related to your institutional responsibilities from organizations (other than UA salary) where any such payments, royalties, consulting fees, honoraria, the value of any equity interest in any <u>publicly traded entity</u> , and/or the receipt of any income related to intellectual property rights and interests when added together exceeded \$5,000?	<input type="checkbox"/>	<input type="checkbox"/>
3- During the past 12 months, have you, your spouse, or any of your dependent children owned any equity interest in <u>any non-publicly traded entity</u> or received, income (cash or in kind) related to your Institutional responsibilities from organizations (other than UA salary) where any such payments, royalties, consulting fees, honoraria, and/or the receipt of any income related to intellectual property rights and interests when added together exceeded \$5,000.	<input type="checkbox"/>	<input type="checkbox"/>
4- During the past 12 months, have you received any reimbursed or sponsored travel (i.e. travel which is paid for on your behalf and not reimbursed to you directly) related to your Institutional responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “**No**” to all 4 questions above, your disclosure is complete. Submit to DIO. Upload PDF copy to COEUS. If you answered “**Yes**” to any of the Questions above, continue to next page, complete and submit **Part II**.

Investigator Certification:

- I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.
- I agree to file updated Disclosure annually and within 30 days of discovering or acquiring a new SFI.

Signature of Investigator: _____ **Date:** _____

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Part II

[Complete Part II only if you have answered, "YES" to any question on Part I]

Name of Investigator whose information is contained below: [redacted]

Title: [redacted]

Phone Number: [redacted]

Email Address: [redacted]

College/Department/Division/School: [redacted]

Project Principal Investigator (If different from above): [redacted]

Title of Sponsored Project Proposal: [redacted]

- List the names of all **publicly traded entities** from which you or a Related Party¹ receive remuneration² or in which you or a Related Party hold an equity interest³. Report only those entities from which the aggregate of remuneration received in the preceeding 12 months and the current value of equity interests exceeds \$5,000.

Name (self/Related Party)	Relationship	Entity	Nature	Amount
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

- List the names of all **non-publicly traded entities** from which you or a Related Party receive remuneration. Report only those entities from which remunerations received over the preceeding 12 months exceed \$5,000.

Name (self/Related Party)	Relationship	Entity	Nature	Amount
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

- List the names of all **non-publicly traded companies** in which you or a Related Party hold an equity interest.

Name (self/Related Party)	Relationship	Entity	Nature	Amount
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

- List and describe intellectual property rights or interests (e.g., patents, copyrights) held by you or a Related Party, royalties from such rights, and/or agreements to share in royalties related to such rights. Do not include intellectual property rights assigned to SUNY or the Research Foundation, or agreements to share in royalties related to such rights.

Name (self/Related Party)	Relationship	Entity	Nature	Amount
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

¹ A Related Party is your spouse or dependent child.

² Remunerations include, salaries, consulting fees, honoraria, or paid authorship.

³ Equity interests include, stock, stock options, or other ownership interests.

5. List and describe any reimbursed or sponsored⁴ travel related to your institutional responsibilities. You do not need to disclose travel that was reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education⁵, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Name (self/Related Party)	Relationship	Entity	Nature	Amount

6. If you believe the interests indicated above are not related to you institutional responsibilities, explain the reasons for your belief.

7. Describe whether, and how, the financial interests described in items 2-5 above may be affected by the Project or is an interest in an entity whose financial interest could be affected by the Project.

For all of the above, please use additional pages if necessary.

By signing below, Investigator (1) certifies that this form provides an accurate report of the Investigator's Significant Financial Interests, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to the Investigators' Institutional Responsibilities prior to PHS award receipt, as those interests change, and on an annual basis during the project award period.

Signature of Investigator: _____ **Date:** _____

Submit Part II, marked "CONFIDENTIAL" via hard copy or scanned and emailed:

Office for Regulatory and Research Compliance
Attn: Conflicts of Interest Coordinator
University at Albany
1400 Washington Ave, MSC 100
Email: FCOI@albany.edu

⁴ That which is paid on your behalf but not reimbursed whether you know the exact monetary value.

⁵ See definition in 20 U.S.C. § 1001(a). The definition includes SUNY Campuses.