

Research Foundation SUNY State College of Optometry

Project Specific Disclosure of Financial Interest

Disclose all items related to this project
this form must be submitted with all applications for research

Use additional sheets if necessary.

PI Name and Position	Campus and Department
Project Sponsor	
Short Title	

Definitions:

A related party is your spouse or dependent child.
 Remunerations include, salaries, consulting fees, honoraria, or paid authorship.
 Equity interests include, stock, stock options, or other ownership interests.

1. List the names of all **publicly traded entities**, from which you or a Related Party receives remuneration or in which you or a Related Party hold an equity interest.
 Report only those entities from which the aggregate of remuneration received in the preceding 12 months and the current value of equity interests exceeds \$5,000.

NAME/Related Party	Relationship or Self	ENTITY	Nature	Amount (\$)

.. or check box if NONE

2. 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 preceding 12 months exceed \$5,000 or for which any equity or ownership rights exist.

NAME/Related Party	Relationship or Self	ENTITY	Nature

.. or check box if NONE

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

NAME/Related Party	Relationship or Self	ENTITY	Nature

.. or check box if NONE

4. 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/Related Party	Relationship or Self	ENTITY	Nature	Income Received (Y/N)

.. or check box if NONE

5. List and describe any reimbursed or sponsored travel (or paid on your behalf) 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 education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Date	Purpose	Sponsor Organization	Destination	Duration	Estimated Amount

.. or check box if NONE

6. If you believe the interests indicated above are not related to your 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.

Investigator Certification:

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 prior to PHS award receipt, as those interests change, and on an annual basis during the project award period.

Signature

Date

Reviewer Initials/Date