

Conflict of Interest
 Disclosure Statement

Name & Contact Information	
Title	
Operating Location or Campus	Department (if applicable)

Complete each question, if it does not apply answer no or n/a. Use additional sheets if necessary.

1a. Do you currently own any equity or other financial interests in an entity that does business with the RF? (Please refer to the attached vendor list)

Name of
Entity

Address

1b. Do you have a related Party (your spouse, domestic partner, significant other, family member, dependent, member of household, or business partner) who currently owns any equity or other financial interests in any entity that does business with the RF?

Name of
Related Party

Nature of the
Relationship

Name and
Address of the entity

2. Do you hold any office, trusteeship, directorship, partnership or position of any type, whether or not compensated, with any firm, corporation, association, partnership or other organization other than the Research Foundation for The State University of New York (RF)?

Yes

No

2a. If yes, Are you a full-time State University of New York (SUNY) employee?

Yes No

Name of Organization

Position/Description

Please list any other positions below:

Name of Organization

Position/Description

3. Do you have a related Party (your spouse, domestic partner, significant other, family member, dependent, member of household, or business partner) that holds a position of any kind with the RF, SUNY, or any entity that conducts business with the RF?

Name of
Related Party

Nature of the
Relationship

Name and
Address of the entity

Description of
the position

4. Have you received anything of monetary value, including but not limited to gifts, loans, salary, entertainment, and/or other payments for services (e.g. consulting fees, paid travel, honoraria, or speaker's fees) from any outside entity that interacts with the RF?

Description of what you received
and approximate value

Entity from which
it was received

5a. Do you have any warrants, stocks, securities and/or other investment interests which amount to an ownership interest of greater than 15%? Note: This includes any interests in limited or general partnerships at time of filing.

Yes No

List the names of the applicable issuing entity(ies)

5b. Does your spouse, domestic partner, significant other, dependent, member of household, or business partner have any warrants, stocks, securities and/or other investment interests which amount to an ownership interest of greater than 15%?

Yes No

Name of Related Party	Nature of the Relationship	Name of the Issuing entity
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6. Do you or a Related Party (your spouse, domestic partner, significant other, family member, dependent, member of household, or business partner) have any additional Financial or Other Interest that you believe may be relevant to or in conflict with the exercise of your duties on behalf of the RF. (i.e. any affiliation with a competitor of the RF or SUNY)? Please provide the details below:

I certify that the above information is true and correct to the best of my knowledge and that I have read and agree to be bound by the Research Foundation's Conflict of Interest Policy. I further certify that I will advise the Foundation immediately upon any material change in circumstance that may occur.

Signature

Date