

**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.

1. Do you currently own any equity or other financial interests in any entity that does business with the RF or SUNY? (Please contact rfsunyny.org for a current vendor list) Yes No

If yes, please provide the name and address of each entity:

2. 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? Yes No

If yes, please provide the names of any related parties, the nature of your relationship(s), and the name and address of any entity:

3. 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? Yes No

If yes, please provide the name of the organization(s), your position(s), and a description of the position(s):

3a. Are you a full-time State University of New York (SUNY) employee? Yes No

If yes, please provide your SUNY title, the name of your department, and indicate whether this position is related to your RF responsibilities:

Please list any other positions below and provide the name of the organization(s), your position(s), and a description of the position(s):

4. 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? Yes No

Please provide the name of the related party, the nature of your relationship, the name of the entity, and a description of the position:

5. 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? Yes No

If yes, please describe what you received, its approximate value, and the entity from which it was received:

6. Have you received anything of monetary value as described in #5 above or any other support (e.g. lab space, materials, access to intellectual property, or staff assistance) from any foreign source (regardless of whether that foreign entity interacts with the RF)? Yes No

Please describe what you received, its approximate value, and the entity from which it was received:

7. 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. (e.g. any affiliation with a competitor of the RF or SUNY)? Please provide the details below: Yes No

If yes, please provide the details below:

8. Do you have any additional information that you would like to include related to the questions above?

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