# Conflict of Interest - Annual Grant Disclosure Form for Grants

**\* Note - This form is not to be used for grants funded by Public Health Service (PHS) or the National Institutes of Health (NIH).**

All SUNY Potsdam investigators seeking external sponsored funding to conduct scholarly activities are required to complete and file a signed disclosure form each year. Each investigator must complete this form **before** a proposal can be endorsed for submission.

Specific instructions: Once every question is answered, the investigator must certify the information by signing the bottom of the form. The completed annual disclosure should be placed in a sealed envelope, marked confidential, and forwarded to Jack McGuire, Director of Research and Sponsored Programs. The office will not endorse submission of your sponsored programs application until your annual grant disclosure form has been submitted and will not release your award until it has been determined that an up-to-date disclosure is on file.

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| Name: | Title: |
| Address: | Email: |
| Department: | Phone: |
| Project Title: |
| Project/Task/Award: | Start/Term Date of Award: |

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| 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)? No Yes, please detail below: |
| Name of Organization | Address | Position | Description |
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| Do you, your spouse, domestic partner, dependent child or member of household have any association with the RF, State University of New York (SUNY), or any organization that does business with the RF? No Yes, please detail below: |
| Name | Organization | Address | Position | Description |
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| List the name of warrants, stocks, securities and other investment interests, including any interests in limited or general partnerships owned by you, your spouse, or your dependent children at time of filing. List only the interests which amount to an ownership interest of greater than 15%. **DO NOT LIST AMOUNTS.** |
| Self/Spouse/Domestic Partner Dependent Children | Issuing Entity |
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| Do you or your spouse, domestic partner, dependent child or member of household have any 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? If so, please detail below: |
| Investigator Certification:* I have read and understood the Conflict of Interest Policy.
* I agree to file a new or updated Investigator Disclosure Form if the answer to any of the above questions changes.
* 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 SUNY Potsdam’s Conflict of Interest Policy. I further certify that I will advise SUNY Potsdam upon any material change in circumstance that may occur.

Signature: Date:  |