

UNIVERSITY OF NEW ENGLAND

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FINANCIAL INTERESTS DISCLOSURE FORM

Type of Disclosure (Check One)

- Initial Disclosure (made at time of proposal submission; submit with Pink Sheet to OSP)
- Annual Disclosure Update (made within 365 days of Initial or 30 Day Disclosure)
- 30 Day Disclosure (made within 30 days of discovering or acquiring a new Significant Financial Interest OR within 30 days of Reportable Travel (PHS Investigators only))

Employee Identification:

_____	_____	_____
Last name	First Name	MI
_____	_____	_____
Department	Position Title	Phone Number

\_\_\_\_\_

Status (Full-time, Part-time, etc.)

Section 1 – Disclosure of Financial Interests Standards & Definitions

In compliance with Federal law and regulation and UNE’s Investigator Significant Financial Disclosure Policy for Sponsored Projects, disclosure of all relevant and **significant financial interests** is required of all “investigators” as defined by that policy.

“**Significant Financial Interest**” means:

- 1) a financial interest consisting of one or more of the following interests of the Investigator (including those of the Investigator’s spouse and dependent children) that reasonably appears to be related to the Investigator’s institutional responsibilities:
  - a) With regard to any publicly traded entity, a *significant financial interest* exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000. For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value;
  - b) With regard to any non-publicly traded entity, a *significant financial interest* exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$5,000, or when the Investigator (or the Investigator’s spouse and dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest); or
  - c) Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.

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- 2) PHS-funded Investigators also must disclose the occurrence of any reimbursed or sponsored travel (*i.e.*, that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to their Institutional responsibilities; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.
- 3) The term *significant financial interest* **does not** include the following types of financial interests:
  - a) salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution, including intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights;
  - b) any ownership interest in the Institution held by the Investigator, if the Institution is a commercial or for-profit organization;
  - c) income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;
  - d) income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency within the U.S., a U.S. Institution of higher education as defined at 20 U.S.C. 1001(a), a U.S. academic teaching hospital, medical center, or a research institute that is affiliated with a U.S. Institution of higher education;
  - e) or income from service on advisory committees or review panels for a Federal, state, or U.S. local government agency, a U.S. Institution of higher education as defined at 20 U.S.C. 1001(a), a U.S. academic teaching hospital, medical center, or research institute that is affiliated with a U.S. Institution of higher education.
- 4) Investigators, including subrecipient Investigators, must disclose all financial interests received from a foreign Institution of higher education or the government of another country (which includes local, provincial, or equivalent governments of another country). See <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-160.html>

### “Institutional Responsibilities” means

An Investigator’s professional responsibilities on behalf of the Institution, and as defined by the Institution in its policy on financial conflicts of interest, which may include for example: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

### “Investigator” means:

The project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of funded research or research proposed for such funding, which may include, for example, collaborators, consultants and subcontractors<sup>1</sup>.

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<sup>1</sup> At UNE, the PI is generally the individual best able to decide who meets this definition. The UNE PI **must** ensure that all personnel who meet this definition be apprised of the Investigator Significant Financial Disclosure Policy and prepare the UNE Financial Interests Disclosure Form, if applicable.

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**SECTION 2 – DECLARATION**

**A. DECLARATION OF POSSIBLE CONFLICT OF INTEREST**

In the space below, please describe the [institutional responsibilities](#) that may be affected by the financial or ownership interest that you, your spouse or your dependent children may have. Complete the remainder of this section with this possible conflict of interest in mind.

Please insert additional pages as necessary to complete this section.

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**B. OWNERSHIP INTERESTS**

List any corporation, partnership, proprietorship, trust, joint venture, and any other business interest, including land used for income in which either you or other members of your household own or have owned within the preceding 12 months that constitute a legal or equitable interest exceeding \$5,000 which **actually or potentially influences or conflicts** with any of your [institutional responsibilities](#) to the University. Ownership of intellectual property, e.g., patents, royalties, and copyrights, is also included and must be disclosed.

Please insert additional pages as necessary to complete this section.  
If you have nothing to report in this section, check here \_\_\_\_.

Entity Name and Address	Type of Business	Description of Interest	By Whom Held? (you/spouse/children)	Value of Interest Held

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**C. RECEIPT OF COMPENSATION**

List all places of employment and other business (excluding UNE) from which you or any member of your household expect to receive \$5,000 or more in remuneration per year as to which an independent observer could conclude could **actually or potentially influence or conflict** with any of your [institutional responsibilities](#) to the University. Compensation includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

Please insert additional pages as necessary to complete this section.  
If you have nothing to report in this section, check here \_\_\_\_\_.

Entity Name and Address	Position Held	By Whom is the Position Held? (you/spouse/children)	Amount (Check One Box)
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____

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**D. OFFICER OR DIRECTOR OF ORGANIZATION OR BUSINESS**

List any organization or business in which you, your spouse or any of your dependent children hold the position of officer, director, partner, or proprietor for which more than an aggregate of \$5,000 in compensation and equity interest significantly affects or will be affected by any of your [institutional responsibilities](#) to the University.

Please insert additional pages as necessary to complete this section.  
If you have nothing to report in this section, check here \_\_\_\_\_.

Entity Name and Address	Position Held	By Whom is the Position Held? (you/spouse/children)	Amount (Check One Box)
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____

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**E. RECEIPT OF FEES AND COMMISSIONS**

List each client or customer from whom you, your spouse or any of your dependent children receives an aggregate of \$5,000 or more per year which could constitute an **actual or potential conflict of interest** with any of your [institutional responsibilities](#) to the University. In the case of a partnership, this aggregate represents the proportionate share of the fee or commission that is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report in this section, but may be required to report in Section C, above.

Please insert additional pages as necessary to complete this section.  
If you have nothing to report in this section, check here \_\_\_\_\_.

Entity Name and Address	Position Held	By Whom is the Position Held? (you/spouse/children)	Amount (Check One Box)
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____
			<input type="checkbox"/> \$0-\$4,999; <input type="checkbox"/> \$5,000-\$9,999; <input type="checkbox"/> \$10,000-\$19,000; <input type="checkbox"/> \$20,000-\$100,000 (list value by increments of \$20,000) _____; <input type="checkbox"/> > \$100,000 (list by value by increments of \$50,000) _____

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**F. TRAVEL (PHS FUNDED INVESTIGATORS ONLY)**

If you seek or receive PHS funding, you must disclose the occurrence of any reimbursed travel or sponsored travel related to your [institutional responsibilities](#) to the university within 30 days of the travel. You are NOT required to disclose travel that is reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. The Institution will determine if any travel requires further investigation, including determination or disclosure of the monetary value.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here \_\_\_\_.

Trip Purpose	Sponsor/Organizer	Destination and Duration

If this is an initial disclosure (made at the time of proposal submission), list all covered travel for the 12 months prior to the due date. List only travel which has not been previously disclosed via a 30-day disclosure. Use additional sheets as necessary.



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**SECTION 3 -- CERTIFICATION**

I, \_\_\_\_\_, hereby certify that this statement of significant financial interests (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interest required to be disclosed by law, regulation, or policy. I have read and agree to comply with the UNE policies on Conflicts of Interest. I have complied with Federal conflict of interest policies and regulations. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported within thirty (30) days of the date it becomes known to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this form to your immediate supervisor (Chair, Director, or Unit Head) for review and signature.**

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**VERIFICATION:** I have reviewed the potential or actual conflicts of interest with the above named individual. A copy of the signed Disclosure Form will be/has been sent to the Director of Research Administration for review.

\_\_\_\_\_  
Chair/Director/Unit Head Signature

\_\_\_\_\_  
Date