

**Appendix C – (Exhibit II in Pace University Policy and Procedures on Financial Conflict of Interest)  
FOR PRINCIPAL INVESTIGATORS/CO-INVESTIGATORS OF NIH, NSF AND OTHER PHS<sup>2</sup> PROPOSALS AND GRANTS ONLY**

**PACE UNIVERSITY**

**Significant Financial Interest Disclosure Form**

*(To be used for initial and annual disclosures and also whenever a new Significant Financial Interest arises.)*

1. *I have read and understand Pace University's Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects.* ☐ YES ☐ NO
2. *Do you, and/or your spouse and/or dependent children, have any of the following "Significant Financial Interest(s)" within the meaning of the Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects as set forth in the attached Appendix A?*

*With regard to any publicly traded entity, the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure and the value of any equity interest (including any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value) in the entity as of the date of disclosure, when aggregated, exceeds \$5,000.* ☐ YES ☐ NO

*With regard to any non-publicly traded entity, the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000.* ☐ YES ☐ NO

*With regard to any non-publicly traded entity, holding any equity interest (including any stock, stock option, or other ownership interest) in the entity.* ☐ YES ☐ NO

*Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests.* ☐ YES ☐ NO

*The occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the disclosing individual and not reimbursed to the disclosing individual so that the exact monetary value may not be readily available).* ☐ YES ☐ NO

*If yes, please provide details, including:*

- *With respect to remuneration from, or any equity interest in, any publicly-traded or non-publicly traded entity, the name of the entity, and type and value of remuneration and/or equity interest;*
- *With respect to intellectual property rights and/or interests (e.g. patents, copyrights), the nature of such interests and the nature of any income derived therefrom; and/or*
- *With respect to externally- reimbursed or sponsored travel, the purpose of the trip, identity of the reimbursing or sponsoring organization, the destination and the duration.*

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<sup>2</sup> PHS (Public Health Service): Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Assistant Secretary of Health, Office of the Secretary, Program Support Center, Substance Abuse and Mental Health Services Administration, and Office of the Assistant Secretary for Preparedness and Response.

***Financial Conflict of Interest Disclosure Details:***

***Signature*** \_\_\_\_\_

***Printed Name*** \_\_\_\_\_

***Date*** \_\_\_\_\_

***University Director of Research and Graduate Education***

***Signature***\_\_\_\_\_

***Date*** \_\_\_\_\_