

STATEMENT OF ECONOMIC INTERESTS
FOR
PRINCIPAL INVESTIGATORS
A Public Document

Date Received
 Campus Use Only

Campus: Cal Poly Pomona

ID No: _____

| | | | |
|-----------------------------|---------|-----------|------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | TELEPHONE NUMBER |
| | | | () |
| ACADEMIC UNIT OR DEPARTMENT | | MAIL CODE | E-MAIL ADDRESS |
| TITLE OF RESEARCH PROJECT | | | |

1. Information Regarding Funding Entity

(Use a separate Form 700-U for each funding entity.)

Name of Entity: _____

Address of Entity: _____

Principal Business of Entity: _____

Amount of Funding: \$ _____

Estimated Actual

2. Type of Statement (Check at least one box)

Initial (for new funding)

Date of initial funding: ____/____/____

Interim (for renewed funding)

Funding was renewed on: ____/____/____

3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No Yes

Title: _____

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above? No Yes – value is:

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Exceeds \$1,000,000

Date Disposed: ____/____/____, if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period? No Yes – amount is:

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Exceeds \$100,000

Was this income received through your spouse or registered domestic partner? No Yes

3. Filer Information - Cont.

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period? No Yes – highest balance:

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Exceeded \$100,000

If you checked "yes," was the loan:

Secured Unsecured Interest rate: _____%

Was the loan entirely repaid within the last 12 months?

No Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more? No Yes – describe below.

Description: _____

Value: \$ _____ Date Received: ____/____/____

F. Has the entity in Part 1 paid for your travel during the reporting period? No Yes – describe below.

Type of Payment: (check one) Gift Income

Amt: \$ _____ date(s): ____/____/____ ____/____/____
 (If gift)

Description and, if Gift, Travel Destination: _____

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
 (month, day, year)

Signature _____
 (File the originally signed statement with your university.)



Additional Information for Federal Disclosure For All Senior Key Personnel

Under Cal Poly Pomona Presidential Executive Order, the Principal Investigator and all other Cal Poly Investigators who share responsibility for the design conduct, or reporting of certain sponsored projects must report their personal financial interests in any organization(s) that, to the best of the Investigator's knowledge, may have a significant impact on the conduct of this research or might benefit from the anticipated results of the proposed project. Definitions of Significant Financial Interests are found below.

A. REASON FOR DISCLOSURE (CHECK ONE)

- New Proposal
 New Investigator
 Change of PI
 Other:
 Annual Reporting
 Renewal
 Change of Financial Interest

B. SPONSORING FEDERAL AGENCY (if applicable)

- DHHS/PHS/NIH/NSF
 Other Federal Agency (specify):

- Sub-Award with Federal Agency as Prime

CPP's Direct Sponsor:

Direct Sponsor's Federal Agency:

C. ADDITIONAL REQUIRED INFORMATION

1. If there are Key Personnel who share responsibility for the design, conduct, or reporting of the research, please list these individuals below. They are required to sign and complete a separate disclosure form.

Name: _____ Name: _____

Name: _____ Name: _____

- There are no other Key Personnel to report.
 There are additional Key Personnel to report.

2. Will Non-CSU Investigators be involved with the PI or Co-PI, in the design, conduct, or reporting of the activities associated with the project (e.g. subcontractors, consultants with significant responsibilities)? Yes No

If YES, CPP must be assured that the affiliated institution has policies that comply with the funding agency's regulations. Such assurance should be provided along with the participant's letter of commitment or sub-recipient commitment form to the project.

D. DISCLOSURE AND CERTIFICATION

1. Do you, your spouse or dependent children have any significant financial interests of \$5,000 or more related to the work to be conducted as part of the above reference project? Yes No
If YES, Investigator's Disclosure of Economic Interests is attached.
2. Do you benefit from any reimbursed or sponsored travel (i.e., travel paid on your behalf that is not reimbursed, so that the exact money value may not be readily available), not related to your institutional responsibilities? Yes No
- The Investigator's signature certifies that all individuals required to make disclosures of Significant Financial Interests have been listed on this form, or that no other individuals working on the research are required to make such disclosures.
 - The Investigator named below acknowledges the responsibility to disclose any new Significant Financial Interests acquired during the term of the award.
 - DHHS/PHS/NIH Awards**-The Investigator will complete the mandatory FCOI training prior to engaging in funded research. Each Investigator must complete the initial CITI training, and a CITI refresher training every four (4) years thereafter.

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 federally funded research, or proposed for such funding, which may include, for example, collaborators or consultants.

Disclosing Party

Signature:

Date:

- PI Disclosure of Economic Interests Addendum attached

Institutional Official:

Institutional Endorsements: I have reviewed the significant financial interest disclosure and believe that no significant financial interest exists or if one does exist that it is possible to develop and execute, prior to award, a Resolution Plan to manage, reduce or eliminate any actual or potential conflict of interest; and, therefore, I recommend that the proposal be submitted to the agency at this time.

ORSP Signature:

Date:

Definitions of Significant Financial Interests-Federal Government Sources (excluding DHHS/PHS/NIH)

Significant Financial Interest(s) include but are not limited to:

- **Income** including salary or other payment for services including consulting fees, honoraria, reimbursement of expenses (including travel), royalty payments, dividends, loans from an entity, or any other payments or consideration with value, including payments made to a health sciences compensation plan, during the prior twelve months or anticipated in the next twelve months, of \$10,000 or more;
- **Equity** in the form of stock, stock options, warrants, real estate, loans to or from an entity, or any other investment or ownership interest exceeding either \$10,000 (current market value if publicly traded; otherwise, amount of investment) or a 5% ownership interest, for any one enterprise;
- **A management position**, whether paid or unpaid, such as board member, director, officer, partner, or trustee;
- **Ownership or other interest** in an entity that is proposed as a subcontractor, consortium member, and lessor or otherwise involved in the project;
- **Intellectual property interest** on a patent, patent application, or copyright assigned or licensed to a party other than CPP.

Definitions of Significant Financial Interests DHHS/PHS/NIH

Significant Financial Interest(s) include but are not limited to:

- **Income** including salary or other payment for services including consulting fees, honoraria, reimbursement of expenses (including travel), royalty payments, dividends, loans from an entity, or any other payments or consideration with value, including payments made to a health sciences compensation plan, during the prior twelve months or anticipated in the next twelve months, of \$5000 or more;
- **Equity** in the form of stock, stock options, warrants, real estate, loans to or from an entity, or any other investment or ownership interest exceeding \$5000;
- **Affiliation** including position of equity in the non-publically traded entity; or ownership or other interest in an entity that is proposed as a subcontractor, consortium member, lessor or otherwise involved in the project;
- **Intellectual property interest** on a patent, patent application, or copyright assigned or licensed to a party other than CPP;
- **Travel** sponsored or reimbursement from the entity.

Definition-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. The Institution's FCOI policy will specify the details of this disclosure, which will include, at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration. In accordance with the Institution's FCOI policy, the institutional official(s) will determine if further information is needed, including a determination or disclosure of monetary value, in order to determine whether the travel constitutes an FCOI with the PHS-funded research.

For further information, visit [NIH FCOI FAQs](#)

Reporting is for the individual, his/her spouse or registered domestic partner, and dependent children. Specifically excluded from the definition of Significant Financial Interests are payments made by CPP, honoraria, reimbursement of expenses, or any other remuneration from CPP including salary, stipends and royalty payments.

Under the California Public Records Act, this information may be made available to the public upon request.