

DISCLOSURE STATEMENT FOR ACADEMIC EMPLOYEES
UPON APPLICATION FOR A SPONSORED PROGRAM GRANT OR CONTRACT
STATE UNIVERSITY OF NEW YORK

Reporting Year: September 1, 2002 – August 31, 2003 unless otherwise specified in the question.

Concurrent with the State Ethics Commission's new mandate (http://www.dos.state.ny.us/ethc/opinions/03_06.html) regarding academic employees earning over a specific filing rate (presently \$70,851), the State requirement that grant applicants file a supplemental financial disclosure (SUNY-2) has been eliminated. However, the University is required to comply with the conflict of interest disclosure requirements of grant sponsors. As an interim measure, the Vice President for Research has advised that the existing SUNY-2 filing will be retained for this purpose until an alternative that focuses more directly on sponsor requirements can be developed and implemented

Note that the Commission's recent changes will require some faculty members who have research grants to file two disclosure forms, one directly with the Commission to comply with the Public Officers Law, and the other with the Office of the Vice President for Research as part of the grant application process.

Name (Printed)

Title of Position

SUNY @ STONY BROOK _____
Campus Department

USE ADDITIONAL SHEETS IF NECESSARY

1. List any office, trusteeship, directorship, partnership, position or consultancy of any type, whether or not compensated, held by you or your spouse or your dependent children **since September 1, 2002**, with any firm, corporation, association, partnership or other organization other than the State University or State of New York. Please note that an updated form must be filed if significant changes occur in this information between now and the time of filing. *DO NOT LIST THE AMOUNT.*

<u>Self/Spouse/ Dependent Children</u>	<u>Name of Organization and Address</u>	<u>Position</u>	<u>Description</u>

(OVER)

2. List name and describe the nature and source of any **current** employment or occupation of spouse or dependent children.

**Spouse/
Dependent
Children**

Source

Nature

3. List the name of warrants or stocks, and investment interests in limited or general partnerships owned by any combination of you or your spouse or your dependent children **at time of filing for research grant**. *DO NOT LIST AMOUNTS*

**Self/Spouse/
Dependent Children**

Issuing Entity

4. If you are **presently** working with externally-funded program grant or contract funding, list the source, amount and a description of the nature of the sponsored work.

5. List the application in conjunction with which this form is being filed.

Sponsor: _____

Title: _____

Date of Application: _____

I declare that the above information is true and correct

Signature

Date

Disposition of Review (By Dean) Please check the appropriate box.

I have reviewed the above information and the referenced proposal and find **no evidence** of conflict of interest or the appearance thereof.

OR

I have reviewed the above information and the referenced proposal and find that it suggests a possible conflict of interest or the appearance thereof. Details are attached. [Indicate if and how the conflict has been resolved.]

Signature

Date