

**Disclosure Form for Financial & Research Activities and Affiliations  
for Investigators on Federal Grants**

**Investigator Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Source of Funds (awarded from or applying to):** \_\_\_\_\_

**Status:**  Current  Pending

**Role in Project:**  PI  Co-PI  Senior/Key Personnel  Consultant  Other

Principal investigators, [Senior/Key Personnel](#), and any other persons who are responsible for the design, conduct, or reporting of research funded by federal agencies should **complete pages 1 and 2 of this form**. Investigators who need to disclose significant financial interests should also complete pages 3-5.

Individuals also need to certify they are not participating in a Malign Foreign Talent Recruitment Program (MFTRP). In brief, a MFTRP is a program, position, or activity sponsored by a foreign country of concern that includes cash or in-kind compensation, complimentary travel, honorific titles, or career advancement opportunities in exchange for engaging in unauthorized transfer of intellectual property, materials, or data; recruiting trainees; establishing a lab or company, accepting a faculty position or other employment in a foreign country; being limited in the capacity to carry out a research award or required to engage in work that would result in substantial overlap/duplication; or having a conflict of interest/commitment contrary to the standard terms and conditions of the federal award. More detailed information about MFTRPs is [here](#).

Investigators must disclose all “significant financial interests” on their part **and/or** on the part of their immediate family members that include:

- at least \$5,000 of payments from and/or equity interests in publicly-traded entities, or
- any equity interest in non-publicly traded entities, or
- reimbursed or sponsored travel such as a conference trip paid for by a corporate sponsor.

In making the following certification and representations, please remember that all financial interests related to an investigator’s institutional responsibilities, not just his/her federal grant project - as well as those of the investigator’s spouse, domestic partner, or dependent child - must be included as significant financial interests. Note that owning stock in a company does not by itself qualify as a significant financial interest, unless you are receiving more than \$5,000 in payments from that company or the company is not publicly traded. These types of financial interests are *excluded* and should not be reported on this form:

- Salary, royalties, or other remuneration from Vassar College
- Income from seminars, lectures, or teaching, and service on advisory or review panels for U.S.-based government agencies or institutions of higher education
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the investigator does not directly control the vehicles’ investment decisions.

**Based on your review of the above information, please review the following statements:**

- I hereby certify that I have read and am in compliance with the Disclosure Policy.*
- I hereby certify to the best of my knowledge that neither I nor my spouse, partner, or dependents hold any significant financial interests that would reasonably appear to be related to my institutional (research, teaching and service) responsibilities to Vassar College. **Do not** check this box if you have significant interests to disclose; list those on the remainder of the form.*
- I hereby certify that I am not party to a Malign Foreign Talent Recruitment Program.*

**Other Support Information ALSO REQUIRED**

As part of the disclosure process, Vassar also requires that investigators report all other support from **both** domestic and foreign entities.

*Other support* means any and all resources and affiliations made available to an investigator in support of and/or related to all of their research endeavors from any external entity, *regardless* of whether or not they have monetary value. Please briefly describe any/all other support in the associated field(s) and sign below.

Type of Support (check “yes” or “no” for each)	No	Yes	Foreign entity, if yes?	Please describe, including sponsor/entity name and address
In-kind resources (e.g., office/ laboratory space, equipment, supplies, employees, students, and visiting scholars)				
Non-Vassar administered financial support through grants or contracts				
Any titled academic, professional or institutional position whether or not payment is received				
Selection to “talents” or similar-type programs				
“Gifts” where items or funds are received with conditions attached or deliverables expected in return.				
Other types of support not addressed above.				

*I hereby attest to the accuracy and completeness of my “other support.”*

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sign and return this form to [grants@vassar.edu](mailto:grants@vassar.edu) if there are no significant financial interests to report. If there are interests to report, continue to page 3.**

### Publicly Traded Entities – Foreign or Domestic

*Instructions: Copy as many times as needed for all publicly-traded entities. Do not include any company for which subtotal of all financial interests < \$5,000. “Remuneration” includes (i) salary, and any payments for services such as consulting fees or honoraria, paid authorship, reimbursed or sponsored travel and (ii) equity interest includes any stock, stock option, or other ownership interest.*

Company Name and Stock Market Abbreviation	Interests Pertaining to (check all that apply): <input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child	Type of Interest <input type="checkbox"/> Equity	Value of Interest		
			# Shares	Current Market Value	Total Value
		<input type="checkbox"/> Compensation (total over last 12 calendar months)	Total Value		
			Description of Relationship:		
<b>Subtotal (Total Equity Value + Compensation over last 12 months):</b>					

### Non-Publicly Traded Entities (Equity Interests) – Foreign or Domestic

*Instructions: List all non-publicly traded entities in which you, your spouse/partner and/or your dependent child hold an equity interest, regardless of dollar value. Add rows if needed. Estimated \$ value and % ownership columns are optional, but the College reserves the right to request this information during the Conflict of Interest determination process if these are left blank.*

Entity Name	Interests Pertaining to (check all that apply): <input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child	Entity Business Type	Estimated \$ Value	% Ownership
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			

**Non-Publicly Traded Entities (Compensation) – Foreign or Domestic**

*Instructions: List all non-publicly traded entities from which you, your spouse/partner and/or dependent child have received compensation of \$5,000 or more in the last 12 calendar months. All columns must be completed in full. Add rows if necessary.*

Entity Name	Interests Pertaining to (check all that apply):	Position or Relationship	Entity Business Type	Total Compensation in \$
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child			

**Compensation for Intellectual Property Rights – Foreign or Domestic**

*Instructions: This does not include any payment from Vassar College for intellectual property assigned to the College in conformance with the College’s Intellectual Property policy. List all entities other than Vassar College from which you, your spouse/partner and/or your dependent child have received payment for intellectual property rights (e.g. royalties, licensing fees, etc.) in the last 12 calendar months. Add rows if necessary.*

Entity Name	Interests Pertaining to (check all that apply):	Description of Intellectual Property	Total Compensation in \$
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child		
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child		

**Sponsored or Reimbursed Travel – Foreign or Domestic**

*Instructions: List any instance of travel from the last 12 calendar months which was either sponsored or reimbursed by an entity other than Vassar College other than those types of entities excluded on page 1, with a reimbursed or estimated cost exceeding \$5,000. Include any instance where reimbursement was made by Vassar College from a fund account sponsored by a non-excluded entity. Add rows if needed. Estimated cost column is optional, but the College reserves the right to request this information from you or the sponsor during the Conflict of Interest determination process if this space is left blank.*

<b>Traveler (check all that apply)</b>	<b>Destination</b>	<b>Dates of Travel</b>	<b>Purpose of Travel</b>	<b>Sponsor Name/ Reimbursement Source</b>	<b>Estimated costs in \$</b>
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Dependent Child					
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