



## FINANCIAL INTEREST DISCLOSURE FORM 2

(Please submit form via email to [grants@yu.edu](mailto:grants@yu.edu))

FULL NAME:	SCHOOL:
BANNER ID:	ACADEMIC UNIT:

1) NATURE OF THE SIGNIFICANT FINANCIAL INTEREST(SFI)(AND PLEASE NOTE IF YOU, YOUR SPOUSE/PARTNER OR DEPENDENT CHILD IS RECIPIENT):

(EXAMPLES: GIFT, FAVOR, LOAN, SERVICE, SALARY, CONSULTING FEES, EQUITY, MANAGERIAL INTEREST, INCOME, TRAVEL)

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2) NAME, ADDRESS, & WEB ADDRESS OF ENTITY IN WHICH YOU HAVE SFI:

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3) DESCRIPTION OF THE BUSINESS OR SERVICE(S) PROVIDED BY THE ENTITY:

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4) YOUR RELATIONSHIP WITH THE ENTITY:

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5) BUSINESS STRUCTURE OF ENTITY

(EXAMPLES: PUBLICLY TRADED FOR-PROFIT ENTITY, NON-PUBLICLY TRADED FOR-PROFIT ENTITY, NON-PROFIT ENTITY, FOUNDATION)

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6) WHAT IS THE ROLE OF THE ENTITY, IF ANY, IN THIS SPECIFIC SPONSORED PROJECT

NONE   
 SPONSOR   
 SUBRECIPIENT   
 VENDOR   
 OTHER \_\_\_\_\_

7) JUSTIFICATION FOR THE ENTITY'S INCLUSION IN THIS SPONSORED PROJECT:

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8) VALUE OF SFI:

<input type="checkbox"/>	\$0-4,999	<input type="checkbox"/>	\$5,000-9,999	<input type="checkbox"/>	\$10,000-19,999	<input type="checkbox"/>	\$20,000-39,999
<input type="checkbox"/>	\$40,000-59,999	<input type="checkbox"/>	\$60,000-79,999	<input type="checkbox"/>	\$80,000-99,999	<input type="checkbox"/>	\$100,000-150,000
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

AMOUNT

UNASCERTAINABLE. PLEASE PROVIDE AN EXPLANATION.

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9) IF SFI IS TRAVEL:

A. PERSON(S) TRAVELING:  SELF  SPOUSE  DEPENDENT CHILD

I. NAME(S), IF SPOUSE/PARTNER AND/OR DEPENDENT CHILD:

\_\_\_\_\_

B. PURPOSE: \_\_\_\_\_

C. PROVIDED BY: \_\_\_\_\_

D. DESTINATION: \_\_\_\_\_

E. DURATION: \_\_\_\_\_

10) DESCRIPTION OF HOW THE ENTITY RELATES TO OR IMPACTS THIS SPECIFIC SPONSORED PROJECT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) DESCRIPTION OF HOW TO SAFEGUARD OBJECTIVITY OF THIS SPECIFIC SPONSORED PROJECT DESPITE THIS SFI:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) DESCRIPTION OF HOW TO MONITOR THIS SPECIFIC SPONSORED PROJECT TO ENSURE OBJECTIVITY AND RESEARCH INTEGRITY DESPITE THIS SFI:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) DESCRIPTION OF ANY SUPERVISORY ROLE YOU HAVE IN THIS SPONSORED PROJECT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE ABOVE QUESTIONS HAVE BEEN ANSWERED CORRECTLY AND THAT I WILL UPDATE AND REVISE THE ANSWERS AS REQUIRED.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_