# Financial Disclosure Form for All Senior Personnel Conducting Research Funded through PHS (to include DHHS and NIH) at Gettysburg College

Investigator Name:

Project Name:

Federal Agency:

Status: [ ]  Current [ ]  Pending

Role in Project: [ ]  PI [ ]  Co-PI [ ]  Senior/Key Personnel [ ]  Consultant

 [ ]  Unpaid Collaborator [ ]  Other Investigator

Submission Type: [ ]  Initial Submission [ ]  Annual Update

In making the following certification and representations, please remember that all the following must be *included* as significant financial interests as they relate to the Investigator’s institutional responsibilities (teaching, scholarship, service):

* All financial interests pertaining to you personally;
* All pertaining to your spouse/domestic partner;
* All pertaining to a dependent child.

The following types of financial interests are *excluded* and should not be reported on this form as significant financial interests:

* Salary, royalties, or other remuneration from Gettysburg College;
* Income from investment vehicles such as mutual funds or retirement accounts, as long as you do not directly control the investment decisions made in these vehicles;
* Income from seminars, lectures, or teaching engagements sponsored by, or service on advisory committees or review panels for, or travel sponsored or reimbursed by any or all of the following (U.S.-based entities only):
	+ Federal, State or local government agencies
	+ Institutions of higher education
	+ Academic teaching hospitals
	+ Medical centers
	+ Research institutes affiliated with institutions of higher education.

Check one of the following statements:

 [ ]  *I hereby certify that I have read the Gettysburg College Financial Disclosure Policy (specific to PHS funding) in the Grants Guidebook which is effective for all PHS proposals submitted through the College. I certify to the best of my knowledge that neither I, nor my spouse/partner or dependent child, hold any significant financial interests that would reasonably appear to be related to my research, teaching and service responsibilities to Gettysburg College.*

 [ ]  *I have the following relationships, affiliations, activities, or interests which may constitute significant financial interests under the Gettysburg College Conflict of Interest policy (see following pages)*

## Publicly Traded Entities

*Instructions: Do not include any company for which subtotal of all financial interests < $5,000. To provide additional entries, please add copies of this chart to the end of the document.*

### Investment 1

#### Investment overview

Company Name and Stock Market Abbreviation:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Type of Interest: [ ]  Equity [ ]  Compensation (total over last 12 calendar months)

#### Value of Interest

Number of Shares:

Current Market Value:

Total Value:

Description of Relationship:

#### Investment value subtotal

Subtotal (Total Equity Value + Compensation over last 12 months):

### Investment 2

#### Investment overview

Company Name and Stock Market Abbreviation:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Type of Interest: [ ]  Equity [ ]  Compensation (total over last 12 calendar months)

#### Value of Interest

Number of Shares:

Current Market Value:

Total Value:

Description of Relationship:

#### Investment value subtotal

Subtotal (Total Equity Value + Compensation over last 12 months):

### Investment 3

#### Investment overview

Company Name and Stock Market Abbreviation:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Type of Interest: [ ]  Equity [ ]  Compensation (total over last 12 calendar months)

#### Value of Interest

Number of Shares:

Current Market Value:

Total Value:

Description of Relationship:

#### Investment value subtotal

Subtotal (Total Equity Value + Compensation over last 12 months):

### Investment 4

#### Investment overview

Company Name and Stock Market Abbreviation:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Type of Interest: [ ]  Equity [ ]  Compensation (total over last 12 calendar months)

#### Value of Interest

Number of Shares:

Current Market Value:

Total Value:

Description of Relationship:

#### Investment value subtotal

Subtotal (Total Equity Value + Compensation over last 12 months):

Investigator Initials:       Date:

## Non-Publicly Traded Entities (Equity Interests)

*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. 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. To provide additional entries, please add a copy of this chart to the end of the document.*

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Entity Business Type:

Estimated $ Value:

% Ownership:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Entity Business Type:

Estimated $ Value:

% Ownership:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Entity Business Type:

Estimated $ Value:

% Ownership:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Entity Business Type:

Estimated $ Value:

% Ownership:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Entity Business Type:

Estimated $ Value:

% Ownership:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Entity Business Type:

Estimated $ Value:

% Ownership:

Investigator Initials:       Date:

## Non-Publicly Traded Entities (Compensation)

*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. To provide additional entries, please add a copy of this chart to the end of the document.*

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Position or Relationship:

Entity Business Type:

Total Compensation in $:

Investigator Initials:       Date:

## Compensation for Intellectual Property Rights

*Instructions: This does not include any payment from Gettysburg College for intellectual property assigned to the College in conformance with the College’s Intellectual Property policy. List all entities other than Gettysburg 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 exceeding $5,000 annually. To provide additional entries, please add a copy of this chart to the end of the document.*

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Description of Intellectual Property:

Total Compensation in $:

### Investment Overview

Entity Name:

Interests Pertaining to (check all that apply): [ ]  Self [ ]  Spouse/Partner [ ]  Dependent Child

Description of Intellectual Property:

Total Compensation in $:

 Investigator Initials:       Date:

## Sponsored or Reimbursed Travel

*Instructions: List any instance of travel from the last 12 calendar months which was either sponsored or reimbursed by an entity other than Gettysburg College and 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 Gettysburg College from a fund account sponsored by a non- excluded entity. To provide additional entries, please add a copy of this chart to the end of the document. 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.*

### Instance of Travel 1

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

### Instance of Travel 2

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

### Instance of Travel 3

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

### Instance of Travel 4

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

### Instance of Travel 5

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

### Instance of Travel 6

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

### Instance of Travel 7

Traveler (check all that apply):

Destination:

Dates of Travel:

Sponsor Name or Reimbursement:

Estimated costs in $:

 Investigator Initials:       Date:

Signature Date