

University of Puerto Rico
FCOI Disclosure Attachment
Form 2.B

Who should complete this form?

If you answered "Yes" to the question on the FCOI Annual Disclosure Form (Form 2.A) you must complete an attachment (Form 2.B) for *each entity* in which you and/or your family member(s) have a significant financial interest. "Family members" is defined as your spouse, domestic partner, and/or dependent children.

When do I complete this form?

FCOI Annual Disclosures are due no later than May 1st of each year. Please submit both forms at the same time.

**Please use a separate FCOI Disclosure Attachment for *each* external entity.
Additional sheets may be used if more space is needed for your responses.**

Name:

Disclosure Year: _____

This is the previous calendar (January-December) year.

1. Please describe your role(s) and responsibilities at the UPR:

2. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest?
(If more than one entity is involved, please complete a separate Attachment form for each entity.)

3. Entity type: _____ Non-profit _____ For-profit (publicly-owned) _____ For-profit (privately-held) _____ Governmental
 _____ Unknown _____ Not applicable

4. What is the primary business of this entity?

5. What position do you and/or your family member(s) hold with this entity (e.g., shareholder, director, officer, employee)?

6. (a) What is the nature of the work that you and/or your family member(s) perform for this entity?

(b) Do you and/or your family member(s) have a written employment agreement with this entity? _____ No _____ Yes

7. How is the work you and/or your family member(s) perform for this entity similar to or different than the focus of your University research or sponsored program?

(Continue to Reverse Side)

8. Check all of the following relationships that this entity has with the UPR:

☐ Research Collaborator ☐ Vendor ☐ Unknown
☐ Licensee of UPR Innovations ☐ Donor (Gift)
☐ Employs UPR Graduate Students ☐ None
☐ Other (please describe): _____

9. (a) Are any UPR resources (e.g. facilities, equipment, employees) used on behalf of the entity?

☐ No
☐ Yes, in the last 12 months
☐ Yes, within the next 12 months

(b) If yes, is there a written agreement between the UPR and the entity to manage their use? ☐ No ☐ Yes

(c) If yes, what resources are shared?

10. (a) Is the financial interest derived from royalties or licensing fees? ☐ No ☐ Yes If yes, please describe the intellectual property to which these interests are related:

(b) Is there or will there be a UPR licensing agreement associated with this interest? ☐ No ☐ Yes

11. With respect to your UPR sponsored research or sponsored program:

(a) Do you collaborate with any family members? ☐ No ☐ Yes

(b) Are any family members paid through your award? ☐ No ☐ Yes

If "Yes" to either (a) or (b) please provide their name(s): _____

(c) Have you applied for or do you have current funding from NIH? ☐ No ☐ Yes

(d) Have you applied for or do you have current funding from NSF? ☐ No ☐ Yes

(e) Does the research involve human participants? ☐ No ☐ Yes

12. Do you have a UPR Management Plan in place for this financial interest with this entity? ☐ No ☐ Yes

13. Please explain what steps you and/or your family member(s) take (or propose to take) to manage, reduce, or eliminate potential or actual financial conflicts of interest with this entity:

I agree to abide by University of Puerto Rico's Financial Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by University of Puerto Rico, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature: _____ Date: _____