

**DISCLOSURE STATEMENT FOR CERTAIN ACADEMIC EMPLOYEES  
UPON APPLICATION FOR AN  
EXTERNAL GRANT OR CONTRACT  
CITY UNIVERSITY OF NEW YORK**

Pursuant to State Ethics Commission Advisory Opinion No. 93-6, this form satisfies the filing requirements of Public Officers Law §73-a for academic employees who apply for sponsored program grants and contracts. Information on this form is available for public inspection pursuant to the rules of the State Ethics Commission. The Statements are not available for photocopying; handwritten notes may be taken.

Name	
Title of Position	Current Salary
Campus	Department

ATTACH ADDITIONAL SHEETS IF NECESSARY FOR ANY QUESTION

- List any office, trusteeship, partnership, directorship, consultancy, or position of any type, whether or not compensated, currently held by you or your spouse with any firm, corporation, association, partnership or other organization other than the City University or State of New York. DO NOT LIST THE AMOUNT.

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

- List name and describe the nature and source of any current employment or occupation of spouse.

<u>Source</u>	<u>Nature</u>

- 3. List the name of warrants or stocks, and other investment interests including any interests in limited or general partnerships owned by you or your spouse or both at time of filing for the grant or contract. DO NOT LIST AMOUNTS.

Self/Spouse

Issuing Entity

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

Source

Amount

Title/Description

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I declare that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have reviewed the applicant's financial disclosure statement, and certify that there does not appear to present an impermissible research-related conflict of interest.

\_\_\_\_\_  
President's Designee (Signature and Title)

\_\_\_\_\_  
Date

.....  
Presidential Action  Approved

Other Action \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date