### OFFICE OF CONTRACTS AND GRANTS UC, AGRICULT STATEMENT OF ECONOMIC INTEREST - SUPPLEMENTAL FORM

### UC, AGRICULTURE AND NATURAL RESOURCES

This Statement of Economic Interest- Supplemental Form is required when a Principal Investigator (PI), and/or Other Investigator (any person with responsibility for the design, conduct, and/or reporting of research) have made a positive disclosure of financial interest (answered "yes" to any question) on the Form 800 or 700-U Form. Please note that all disclosures are subject to release to the public. Completing these forms is required for each entity in which you have a financial interest, per project. Any award cannot be processed until the Conflict of Interest Committee completes its review.

#### Principal Investigator / Other Investigator

Name:			County/Program/REC:				
Email:		Pho	Phone Number:				
Project	Title:						
Sponsor Name:							
PI Name (if different from above):							
Descrip	Description of Financial Interests: If more space is required for explanations, please attach additional page(s).						
	Do you, your spouse, registered domestic particle (non-consulting, non-independent contractor No; If no, proceed to question 3.  Yes; If yes, please indicate the position	r) with the entity? (s): nber Board of Directontific Advisory Board	ors				
Income: 3.	:  Excluding gifts, contracts or grants administed dependent child(ren) received income from the contract of t			e, registered domestic partner, or			
	Yes; Provide the amount: \$ Please indicate the nature(s) of the incomplete indicate the nature of the incomplete indicate indicate the nature of the incomplete indicate indic	ome: ☐ Payment in Kind	d ☐ Per Diem	☐ Salary			
4.	Do you have a loan arrangement with the end of the loan amount: \$  Explain the arrangements:	ntity?					
<b>Equity:</b> 5. 6. 7.	Do you, your spouse, domestic partner, or domestic	dependent child(ren)	nold an equity interest in	n this entity?			
8.	☐ Bonds ☐ Stocks/Stock Options What is the value of this equity interest? ☐ \$0-\$5,000 ☐ \$5,000-\$50,000	☐ Convertible Sec☐ \$50,000-\$250,0	•	n \$250,000			
	Note: If the stock is not publicly traded, prov	vide an internal estima	ate of value: \$				

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Consul	ting:		
9.	Are you a consultant with this entity?  No; If no, proceed to question 13.		
10	Yes; If yes, answer questions 10-12.  Do you have a written consulting agreement (non-University agreement)?		
10.	□ No □ Yes		
11.	Describe in <u>detail</u> the frequency and nature of your consulting activities and whether the consulting is separate from your research:		
12.	Will the terms of your consulting in any way restrict the release of information or other dissemination of research results by faculty/researchers involved in the project?  No Yes; Explain:		
Honora	ria:		
	Have you received honoraria from this entity?		
	No; If no, proceed to question 16.		
4.4	Yes; If yes, answer questions 14-15.		
14.	Describe in detail the frequency and nature of your speaking activities.		
15.	Are your speaking activities related to the area of proposed research or competitor's product(s)?  No Yes; Explain:		
Dalatia	analis with Entities		
Relatio	onship with Entity:		
	and Significant Impact on Financial Interests:  Is the entity a subcontractor, consortium member, supplier of goods, lessor, or otherwise involved with the project?  ☐ No ☐ Yes; Explain:		
17	Are you the inventor of any device, vaccine, procedure, drug, or any other product associated with this research?		
17.	No ☐ Yes		
18.	Does the entity manufacture or commercialize any device, vaccine, procedure, drug or any other product associated with this research?  No Yes; Explain:		
19.	Will the project purchase/lease any device/material from the entity?  ☐ No ☐ Yes; If yes, provide name and approximate cost: Name: Cost: \$		

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20.	Is it reasonable to anticipate that the entity will or could be directly or significantly affected by the design, conduct or reporting of the research activity?  No Yes; Explain:
21.	<ul> <li>Is the entity a non-profit foundation?</li> <li>No; If no, proceed to question 22.</li> <li>Yes; If yes, answer questions A-B and explain:</li> <li>A. Do you have a financial interest in the company(ies) that is (are) providing funds to this non-profit foundation?</li> <li>No</li> <li>Yes</li> <li>B. If the sponsoring foundation is primarily a vehicle for one or two companies or a closely cooperating group of businesses, identify these firms.</li> </ul>
-	tion of University and Outside Interests:  Explain how you are keeping your interests and obligations to the entity separate from your University activity.
23.	<ul> <li>Were you part of a formal committee/body that made the decision which led to the award?</li> <li>No; recused from meeting, discussion and vote; or, did not attend meeting</li> <li>No; but you were present when the decision was made. Please provide either a copy of the meeting minutes or a written statement.</li> <li>Yes; If yes, explain:</li> </ul>
	Please <i>attach</i> a brief description (statement of work or abstract) of the research.  Does the project involve testing of any drugs or devices or the development of a product?  No Yes; If yes, explain in detail:
26.	Is the entity providing any proprietary data, materials or equipment?  ☐ No ☐ Yes; If yes, explain what control on access to the research will be necessary:
27.	Does the entity participate in deciding the direction of the research?  ☐ No ☐ Yes; If yes, explain what role the entity will play:
=	ess of Teaching and Research Environment:  Are any undergraduate, graduate or postdoctoral students involved in the project?  No; If no, proceed to question 31.  Yes; If yes, list how many and in what capacity:

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29	Are there any constraints or restrictions imposed on the reposition. No Yes; If yes, explain:	orting of student work?	
30	. Are you the advisor to any of these students? ☐ No ☐ Yes; If yes, explain:		
	University Resources and Facilities:  For non-governmental sponsored projects, is the entity supplied to the s	porting full direct and ind	irect costs of this project? If a gift or MTA
31	indicate "Not Applicable"  No Yes Not Applicable	orting full direct and ind	meet costs of this project: If a gift of with
32	List any other entity funding this research and their amount supplementing the project.	of support. Also identify	any University funds that will be
	supplementing the project.	\$	\$
	Entity Name	Entity Support	 University Support
33	Will the research be conducted in the entity's facilities?	,	community copposit
	☐ No ☐ Yes; If yes, how many hours per week will be	spent in the entity's fac	ilities?
34	. Will any of the entity's personnel work on the research?		
	☐ No ☐ Yes; If yes, explain in what capacity:		
	exclusive license or option to the entity?  No Yes If yes, explain how it is documented in a	UC ANR research agree	ement or clinical trial agreement:
36	Does the entity hold rights to a pending patent application o copyright for you, your spouse, registered domestic partner, inventor (patents) or author (copyrights)?		
	□ No		
	Yes; The entity holds a license(s) or option agreement	•	
	Yes; However, the University assigned ownership of the Yes; And the application, patent, license or copyright is	* *	preity
	Too, And the application, paterit, hourse of copyright to	oun owned by the office	nony
Protec	tion of Human and Animal Subjects:		
37	Does this project involve Human Subjects?		
	☐ No ☐ Yes** Indicate the IRB protocol # if known or	write "New" if this is a ne	ew study:
	** If the project involves Human Subjects, please note that a disclosures (Form 800). For the purposes of this form "Othe conduct and/or the reporting of research. <b>The PI is response</b>	r Investigator" is defined	as persons responsible for the design,
38	Please mark all that apply.		
	☐ I am involved in recruiting and/or obtaining consent from	human subjects	
	☐ I am involved in collection data for this study	•	
	☐ I am involved in data analysis for this study		
	Other; Please Specify:		
	☐ None of the Above		

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Signatur	۵.	Date:	
Verification:  certify under penalty of perjury that this is a complete disclosure of all financial interests related to the specified project. I have used all reasonable diligence in preparing this Statement of Economic Interest - Supplemental Form and, to the best of my knowledge, it is true and complete.			
42. \	Will Non-L	stigators:  JC ANR Investigators be involved with the PI or Other Investigators in the design, conduct or reporting of the associated with the project (e.g. subcontractors, consultants, others with significant responsibilities)?  Yes; If yes, you assure that the collaborator has undergone Conflict of Interest review in accordance with their own institution's policies and regulations.	
41. D	o you ha∖ □ No	ve an intellectual property interest in any product, drug, device, vaccine or procedure associated with this protocol?  Yes; If yes, indicate the name of the drug, device, vaccine or procedure:	
	Vill the ent ☐ No	ity provide a drug, device, vaccine or procedure for use in the protocol?  Yes	
39. [	oes this p	Topject involve Animal Subjects? ☐ Yes; Indicate the IACUC protocol # if known or write "New" if this is a new study:	

NOTE: The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting this information is to accomplish the independent and substantive review of positive financial disclosures as required by the University of California Policy on Disclosure of Financial Interest in Private Sponsors of Research dated April 1984 and by the University of California Policy on Disclosure of Financial Interests and Management of Conflicts of Interest Related to Sponsored Projects dated March 4, 2010. University policy and State law authorize maintenance of this information by the Office of Contracts and Grants. Failure to submit this information could result in non-acceptance of your award from the proposed sponsor, state enforcement proceedings against you as well as University sanctions. The information is a public record under University policy and State law. Individuals have the right to review their own records in accordance with Academic Personnel Manual, Section 160. Information about this policy may be obtained from the Academic Personnel Unit.