

PPM 206: Appendix IV – Research Gifts – Form 700U

UC ANR Policy and Procedure Manual Section 206 Gifts to UC ANR	
<b>Responsible Officer:</b>	Development Services Director of Advancement
<b>Responsible Office:</b>	<a href="#">Development Services</a>
<b>Issuance Date:</b>	03/05/2020
<b>Effective Date:</b>	03/05/2020
<b>Scope:</b>	Gifts to UC ANR

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Note: For links to referenced documents see PPM Section 206, Item VI, *Related Information*.

**I. FORM 700-U**

The 700-U form is a form required by the State of California, designed to ensure that UC and CSU research projects are not unduly influenced by the entities funding them. All researchers who receive grant funding or gift funding for their research must complete the 700-U before the gift can be processed and the funds made available to the researcher. This is State law and the Fair Political Practices Commission (FPPC) monitors this requirement.

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## II. COMPLETING THE FORM: RESEARCHERS

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- A. Make sure to use the most recent form 700-U. The form is updated every other year; the date of the form can be found on the bottom right corner. You can find a fillable/downloadable PDF of the most current form on the FPPC website along with helpful information in the main Section 206, Item VI, *Related Information*.
- B. You must submit the form with a “wet” (ink) signature when you submit gift paperwork. Currently only paper forms are accepted.
- C. The form is straightforward, but many misinterpret, “3.E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more.” “Gifts” in this statement does **not** mean donations for your research; “gifts” means personal gifts to YOU. For example, if you received two tickets to the theater, that is a gift; whereas \$5,000 for research six months ago is not considered a “gift.”

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## III. DETERMINATION OF INCOMPLETE, NEGATIVE OR POSITIVE FORMS: DEVELOPMENT SERVICES

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Executive Director of Development Services reviews all 700-U forms that accompany research gifts.

- A. Negative Forms: All negative forms (everything in Section 3 is a “no”) are maintained by Development Services.
- B. Positive and False Positive Forms:
  - 1. All positive forms (one or more items in Section 3 are a “yes”) are copied to the UC ANR Contracts and Grants Director (the UC ANR Designated Campus Reviewer), who conducts the review required by UC Policy COI 700-U, *Disclosure of Financial Interests and Management of Conflicts of Interest in Private Sponsors of Research*. The UC ANR Contracts and Grants Director will request the supplemental forms be completed by the Researcher to support the positive disclosure. A link to the form can be found in the main Section 206, Item VI, *Related Information*.
  - 2. Resolution: Once the UC ANR Contracts and Grants Director has completed the required review process, all paperwork for positive and false positive forms is maintained by Development Services.

***(Examples on Following Pages)***

**EXAMPLE – FORM 700 U NEGATIVE**



**STATEMENT OF ECONOMIC INTERESTS  
FOR  
PRINCIPAL INVESTIGATORS  
*A Public Document***

Date Received  
*Campus Use Only*

Campus: \_\_\_\_\_

ID No: \_\_\_\_\_

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Smith	Mary	F.	( 555 ) 123-4567
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRESS
UC ANR San Francisco County, P.O. Box 1234		94123	mfsmith@ucanr.edu
TITLE OF RESEARCH PROJECT			
Insect and Disease Control			

**1. Information Regarding Funding Entity**  
(Use a separate Form 700-U for each funding entity.)

Name of Entity:  
BASF

Address of Entity:  
POB 13528, Research Triangle Pk, NC 27709

Principal Business of Entity:  
Ag/Chemical Company

Amount of Funding: \$ 3,000

Estimated  Actual

**2. Type of Statement** (Check at least one box)

Initial (for new funding)  
Date of initial funding: 06 / 01 / 19

Interim (for renewed funding)  
Funding was renewed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. Filer Information**

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes   
Title: \_\_\_\_\_

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above? No  Yes  – value is:  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Exceeds \$1,000,000  
Date Disposed: \_\_\_\_/\_\_\_\_/\_\_\_\_, if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period? No  Yes  – amount is:  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       Exceeds \$100,000  
Was this income received through your spouse or registered domestic partner?  No       Yes

**3. Filer Information - Cont.**

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period? No  Yes  – highest balance:  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       Exceeded \$100,000  
If you checked "yes," was the loan:  
 Secured     Unsecured    Interest rate: \_\_\_\_\_%  
Was the loan entirely repaid within the last 12 months?  
 No       Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more? No  Yes  – describe below.  
Description: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

F. Has the entity in Part 1 paid for your travel during the reporting period? No  Yes  – describe below.  
Type of Payment: (check one)  Gift     Income  
Amt: \$ \_\_\_\_\_ date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if gift)*  
Description and, if Gift, Travel Destination: \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 06/18/2019  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your university.)

**EXAMPLE – FORM 700 U FALSE POSITIVE**



**STATEMENT OF ECONOMIC INTERESTS  
FOR  
PRINCIPAL INVESTIGATORS  
*A Public Document***

Date Received  
*Campus Use Only*

Campus: \_\_\_\_\_

ID No: \_\_\_\_\_

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Smith	Mary	F.	( 555 ) 123-4567
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRESS
UC ANR San Francisco County, P.O. Box 1234		94123	mfsmith@ucanr.edu
TITLE OF RESEARCH PROJECT			

**1. Information Regarding Funding Entity**  
(Use a separate Form 700-U for each funding entity.)

Name of Entity: Bayer

Address of Entity: Pittsburgh, PA 15262

Principal Business of Entity: \_\_\_\_\_

Amount of Funding: \$ 8,000

Estimated  Actual

**2. Type of Statement** (Check at least one box)

Initial (for new funding)

Date of initial funding: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interim (for renewed funding)

Funding was renewed on: 06 / 01 / 19

**3. Filer Information**

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes

Title: \_\_\_\_\_

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above? No  Yes  – value is:

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Exceeds \$1,000,000

Date Disposed: \_\_\_\_/\_\_\_\_/\_\_\_\_, if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period? No  Yes  – amount is:

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       Exceeds \$100,000

Was this income received through your spouse or registered domestic partner?  No       Yes

**3. Filer Information - Cont.**

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period? No  Yes  – highest balance:

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       Exceeded \$100,000

If you checked "yes," was the loan:

Secured       Unsecured      Interest rate: \_\_\_\_\_%

Was the loan entirely repaid within the last 12 months?  No       Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more? No  Yes  – describe below.

Description: In support of the UCCE San Francisco Co. research & educational programs

Value: \$ 4,000      Date Received: 08 / 01 / 18

F. Has the entity in Part 1 paid for your travel during the reporting period? No  Yes  – describe below.

Type of Payment: (check one)  Gift       Income

Amt: \$ \_\_\_\_\_ date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ (if gift)

Description and, if Gift, Travel Destination: \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 06/01/2019  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your university.)

The Form 700-U is for university use only.  
This statement is a public record under Gov. Code Section 81008(a).

FPFC Form 700-U (2018/2019)  
FPFC Advice Email: advice@fpfc.ca.gov  
FPFC Toll-Free Helpline: 866/275-3772 www.fpfc.ca.gov

**Clear Page**

**Print**

# EXAMPLE – FORM 700 U POSITIVE



## STATEMENT OF ECONOMIC INTERESTS FOR PRINCIPAL INVESTIGATORS *A Public Document*

Date Received  
Campus Use Only

Campus: \_\_\_\_\_

ID No: \_\_\_\_\_

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Smith	Mary	F.	( 555 ) 123-4567
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRESS
UC ANR San Francisco County, P.O. Box 1234		94123	mfsmith@ucanr.edu
TITLE OF RESEARCH PROJECT			
4-H National Mentoring Program Year 4: San Francisco, California			

**1. Information Regarding Funding Entity**  
(Use a separate Form 700-U for each funding entity.)

Name of Entity:  
National 4-H Council

Address of Entity:  
7100 Connecticut Avenue, Chevy Chase, Maryland

Principal Business of Entity:  
Education

Amount of Funding: \$ 50,000

Estimated  Actual

**2. Type of Statement** (Check at least one box)

Initial (for new funding)

Date of initial funding: 12 / 01 / 18

Interim (for renewed funding)

Funding was renewed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. Filer Information**

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes

Title: \_\_\_\_\_

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above? No  Yes  – value is:

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Exceeds \$1,000,000

Date Disposed: \_\_\_\_/\_\_\_\_/\_\_\_\_, if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period? No  Yes  – amount is:

\$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       Exceeds \$100,000

Was this income received through your spouse or registered domestic partner?  No       Yes

**3. Filer Information - Cont.**

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period? No  Yes  – highest balance:

\$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       Exceeded \$100,000

If you checked "yes," was the loan:  
 Secured     Unsecured    Interest rate: \_\_\_\_\_%

Was the loan entirely repaid within the last 12 months?  
 No       Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more? No  Yes  – describe below.

Description: \_\_\_\_\_

Value: \$\_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

F. Has the entity in Part 1 paid for your travel during the reporting period? No  Yes  – describe below.

Type of Payment: (check one)  Gift     Income

Amt: \$\_\_\_\_\_ date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if gift)

Description and, if Gift, Travel Destination: \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2019  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your university.)

The Form 700-U is for university use only.  
This statement is a public record under Gov. Code Section 81008(a).

FPPC Form 700-U (2018/2019)  
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FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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