Frostburg State University

Research or Development Interest Disclosure Form

This form gives the anticipated Project Director(s) and Administrative reviewers an opportunity to disclose any conflicts of interest, or potential for conflicts of interest that exist within the proposed project.

Please read the definition of conflict of interest below and mark the appropriate boxes that may pertain to you:

**Description of conflicts of interest**- A conflict of interest shall be deemed to exist when a proposed project includes staffing and/or vendors where any one of the following conditions may be present:

1. Proposed staffing and/or vendors uses his/her status or grant involvement to obtain special advantage, benefit, or access to the grantee or grant applicant’s time, services, facilities, equipment, supplies, prestige, or influence.
2. Proposed staffing and/or vendors receives or accepts money or anything else of value from the grantee or grant applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
3. Proposed staffing and/or vendors is an employee or board member of a grant applicant or grantee applicants or is a family member of anyone involved in the grantee or grant application/proposal.

Conflicts of interest can be both real and perceived. Both types must be mitigated. This form is designed to document how such mitigation will take place. **Note that perceived conflicts of interest are as damaging and threatening to the University’s reputation as real conflicts of interest.**

\_ I certify that I have read and understand the description of conflict of interest above and (check one of the two boxes below):

\_ My proposal does not have any conflicts of interest (perceived or real).

\_My proposal either contains conflicts of interest as described above ***OR*** potentially perceived conflicts of interests.

If you selected the second option, please continue filling out the rest of this form. If you selected the first option, please skip to the Certification page of this form for your signature.

FOR THE PROPOSED PROJECT DIRECTOR(S):

**SUMMARY OF THE REAL OR POTENTIAL CONFLICT**

Provide a brief description of the conflict or potential conflict of interest.

**MITIGATING FACTORS AND MANAGEMENT PLAN**

Describe the means by which the conflict or potential conflict can be eliminated, reduced, or managed. If the conflict cannot be eliminated, provide a management plan that will permit approval of an exemption, in accordance with the provisions of the State Ethics Law (attach additional sheets of necessary).

**OWNERSHIP/FINANCIAL INTEREST**

Report below any interest that you, or your spouse, parent, child, or siblings have in any corporation, partnership, or non-corporate entity that is or will be engaged in research or development, or has a direct interest in the outcome of research or development involving Frostburg State University. If an item does not apply, please state N/A.

1. Name and address of entity (list all names and addresses where more than one is used):

2. Describe the research or development in which the entity is engaged:

3. Describe the entity’s interest in the research to be conducted by the University:

4. Describe your interest in the entity, and any interest held by your spouse, parent, child, or sibling–whether owned wholly by you or held jointly with others, and whether held directly or through another entity or entities. Describe the percentage of the entity owned, and any conditions and encumbrances affecting the interest.

5. Provide the date that the interest was acquired, and from whom.

6. Describe the purchase price or the nature of the consideration and the fair market value at the time of acquisition.

7. Describe any options you hold pertaining to the entity.

8. Describe any existing or potential licensing agreements.

9. If this form is being submitted to update a previous disclosure, describe any changes that have transpired since the date of the previous disclosure. If any part of an interest that was previously reported has been transferred, describe what was transferred, the consideration received, the fair market value at the time of transfer, and the identity of the transferee. List any related conflict of interest actions.

**EMPLOYMENT INTEREST**

Report below any employment, office, board membership, service, or other working relationship that you, or your spouse, parent, child, or sibling have in any corporation, partnership, or non-corporate entity that is or will be engaged in research or development, or has a direct interest in the outcome of research or development involving the University of Maryland.

1. Name and address of entity (list all names and addresses where more than one are used):

2. Describe the research or development in which the entity is engaged:

3. Describe the entity’s interest in the research to be conducted by the University:

4. Describe the titles and duties of all positions held or expected to be held in the entity by you, or your spouse, parent, child, or sibling, and give the date each relationship was established.

5. Describe the compensation for the positions listed above.

6. If a relationship has changed since it was last reported, describe the change. List any related conflict of interest actions.

**PARTICIPATION IN THE RESEARCH**

1. Describe your responsibilities or role in the research to be conducted by the University:

2. Are the Co-Investigators for this project independent from your control, within the structure of your campus department or business entity?

3. Describe your responsibilities or role in the research to be conducted by the entity:

4. Will Frostburg State University students participate in the research to be conducted by the entity? If so, will their faculty advisors have any involvement with the entity, whether directly or through another business entity or family relationship?

**SELECTION OF SUBAWARDEE**

If this disclosure pertains to an entity that will receive a subaward in connection with a University project, the following information about the selection of the subawardee must be provided:

1. If the subawardee was selected as the lowest responsible bidder, please provide a summary of the bids and the analysis thereof.

2. If the subawardee was selected because it is the only provider of the product or services required, please provide the sole source justification that supported the selection.

**CIRTIFICATION**

This form is submitted for the purpose of obtaining an exemption from certain conflict of interest provisions of the Maryland Public Ethics Law, section 15-523 of the State Government Article of the Annotated Code of Maryland. I acknowledge that this form may be maintained as a public record at the University and, if approved, will be filed with the State Ethics Commission. I hereby state that the contents of this disclosure statement are true and correct to the best of my knowledge, information, and belief.

PI Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATIVE REVIEW**

Review by the Department Chair or Director and the Dean are required before this form is submitted to ORSP for processing. The Department Chair is responsible for conducting the initial review of this disclosure and making the assessment below.

Based on the activity reported, to the best of my knowledge and in my judgment:

\_\_\_1. No real or potential conflict of interest exists.

\_\_\_2. A real or potential conflict of interest exists as described on page 1.

\_\_\_3. The management plan described on page 2 will permit the conflict to be managed in accordance with University policies and procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair’s Signature**

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**Dean’s Signature**