UNIVERSITY OF MARYLAND EASTERN SHORE
RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

Date: _____

Name: _____ Department: _____

Job Title: _____

PART I

Disclosure of Significant Financial Interests and Significant Conflicts of Commitment:
Respond to each question below and disclose any interest that reasonably appears to be related to your Institutional Responsibilities.

1. This submittal is for (check all that apply):

☐ Annual Disclosure ☐ Newly Acquired Conflict

☐ New IRB Application ☐ Updated Disclosure

☐ New Principal Investigators ☐ Employment of Members of the same family joining the research team of an ongoing sponsored research project.

2. If you are disclosing due to a new IRB application, or joining an ongoing Sponsored Research project, supply the protocol title. *If not applicable, enter NA.* _____
_____

3. If you are disclosing due to a new IRB application or joining an ongoing Sponsored Research project, supply the name of the study sponsor. *If not applicable, enter NA.* _____
_____

4. In the 12 months preceding this disclosure, have you or your Family received, from any publicly traded Entity, any salary or other payments for services that exceeds $5,000 in total?

☐ Yes ☐ No

If **yes,** please provide the following information:
Name of person who received the payments: _____
Your relationship to such person (self or family member): _____
Name of the Entity: _____
Nature and approximate monetary value of the payments: _____
_____

5. During the 12 months preceding or as of the date of this disclosure, do you or your Family hold, in any publicly traded Entity, any equity interest that exceeds $5,000?

☐ Yes ☐ No

If **yes,** please provide the following information:
Name of person who received the payments: _____
Your relationship to such person (self or family member): _____
Name of the Entity: _____
Nature and approximate monetary value of the payments: _____
_____

6. During the 12 months preceding the date of this disclosure, have you or your family received any income related to intellectual property rights and interests?

☐ Yes ☐ No

If **yes,** please provide the following information:
Name of person who received the payments: _____
Your relationship to such person (self or family member): _____
Name of the Entity: _____

Nature and approximate monetary value of the intellectual property rights and interests and related income: _____
_____

7. During the 12 months preceding the date of this disclosure, have you or your Family (a) served in an executive position in a for-profit business that engages in commercial or research activities of biomedical nature; or (b) served in a fiduciary role for a for-profit business that engages in commercial or research activities of a biomedical nature?

☐ Yes ☐ No

If **yes,** please provide the following information:
Name of person who served in such role: _____
Your relationship to such person (self or family member): _____
Name of business: _____
Nature of the role: _____
_____

8. For Public Health Service (PHS) Investigators only: During the 12 months preceding the date of this disclosure, have you undertaken any reimbursed or sponsored travel related to your Institutional Responsibilities? (Do not include travel reimbursed or sponsored by US federal, state or local governmental agencies, US institutions of higher education or US research institutes affiliated with institutions of high education, or academic teaching hospitals and medical centers.)

☐ Yes ☐ No ☐ Not Applicable

If **yes**, please provide the following information for each trip:
Purpose of the trip: _____
Identity of the sponsor/organizer: _____
Destination: _____
Duration: _____

9. **Disclosure of Participation in Malign Foreign Talent Recruitment Program (MFTRP)**
Do you have any active External Commitments (As defined in Section IV of the University System of Maryland Policy on Professional Commitment of Faculty)? This includes both paid, unpaid and relationships (resulting in joint publications) with a foreign person* or foreign entity** from the four countries of concern, Iran, Russia, North Korea or China as defined in Section 10612 of the Chips and Science Act of 2022. Pursuant to NSF Section 10632 (42 U.S.C. § 19232), each identified as senior/key person must certify prior to proposal submission that they are not a party to a malign foreign talent recruitment program and annually thereafter for the duration of the award.

☐ Yes ☐ No If Yes, please provide the name of your proposal: _____

_____

_____

INVESTIGATOR CERTIFICATION OF PART I:
I hereby affirm that the information I have provided on this form is complete and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

PART II

Employment of Members of the Same Family
Conflict of Interest (COI) Management Plan
(Complete this section if applicable)

Employee Name 1 _____ **and Employee Name 2** _____
(Principal Investigator) (Family Member)
Name of Proposal that you are requesting a waiver on: _____

_____

_____

UNIVERSITY OF MARYLAND EASTERN SHORE
RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

Funding Agency: _____ Have you notified the funding agency of your COI? ☐ **Yes** ☐ **No**

Introduction: Article I. of the USM Policy on Employment of Members of the Same Family (VII-2.10) establishes a policy for employees of the University System of Maryland which permits members of the same family to be employed in the University System of Maryland while promoting fairness and preventing conflicts of interest. Article II of the same USM Policy states that, although members of the same family are eligible for employment, a supervisor/subordinate relationship shall not exist between family members, nor shall one member of a family assume the role of advocate or judge with respect to conditions of employment or promotion, except in accordance with Section V of this Policy. Section V.B allows for requests for an exception to the prohibition in writing to the University President. The purpose of this document is to request an exception based on the Plan as proposed below.

SUMMARY OF THE RELATIONSHIP AND REPORTING LINES BETWEEN THE TWO EMPLOYEES

	NAME OF EMPLOYEE	TITLE OF EMPLOYEE	DEPARTMENT OF EMPLOYMENT	NAME OF DEPARTMENT CHAIR	RELATIONSHIP TO EMPLOYEE LISTED
1					
2					

The above listed employees collaborate on proposals for sponsored funding.

Family members participating in any fashion (paid or unpaid) on the same internal or extramural proposal/award raises the potential of a Conflict of Interest, as well as a supervisory/subordinate relationship prohibited by the Policy. Similarly, there is potential for a Conflict of Interest (real or perceived) when two or more family members participate in other types of university contractual relationships (i.e., Material Transfer, Non-disclosure, and Data Use Agreements).

Proposed Management Plan:

_____, the DEPARTMENT Chair, is the designated Plan Manager. If the Department Chair is the Principal Investigator (P.I.), and has a possible conflict of interest, the Dean will then be designated the Plan Manager. ***If applicable,*** _____, *the DEAN, has been designated as the Plan Manager.*

To prevent any favoritism (or the appearance of favoritism) and to avoid a conflict of interest or an appearance of conflict of interest, no employee may initiate or participate in, directly or indirectly, decisions involving a direct benefit with respect to initial hire or rehire, appointment, promotion, salary, performance appraisals, hours, work assignments or other conditions of employment, of a family member. The Plan Manager will personally review and approve (NAME 1) _____and (NAME 2) _____ performance reviews and any other records, correspondence or transactions involving their appointment, promotion, wages, hours, or other conditions of employment. "Other conditions of employment" include but are not limited to approvals for training, tuition support, business expenses, travel approval and expenditures, effort report certification, sponsored funding budget modifications, and requests for time off. In addition,

(NAME 1) _____ and (NAME 2) _____ will recuse themselves from any DEPARTMENT activities where they would evaluate or make recommendations about one another's salaries, travel, expenditures or reviews for promotion.

The Plan Manager will also approve payroll, expenditures, and travel in situations where (NAME1) _____ and (NAME 2) _____ are PI or Co-PI's on the same projects. Decisions to include one another on each other's projects will be based solely on a Statement of Work (SOW) and evidence that no favoritism is being shown. This is especially true when other DEPARTMENT faculty--with similar expertise--are available to perform the duties and responsibilities of the project

Notifications: The Office of Research may be required to notify the sponsor of this relationship and that this Plan has been institutionally approved to manage any potential Conflict of Interest that may arise. Employees (including students, faculty, or staff) working on internally or externally funded projects that include both (NAME 1)_____ and (NAME 2)_____ will be told by (NAME 1) _____ and (NAME 2) _____ that this Plan exists and encouraged to discuss any concerns with the Plan Manager.

(NAME 1) _____ and (NAME 2) _____ will receive a copy of this management plan. The DEPARTMENT Chair and any faculty acting in a supervisory role will be reminded that all supervisors are responsible for maintaining objectivity in their work relationships and avoiding situations which raise the question of favoritism or discrimination.

PART III

Employment of Members of the Same Family
Conflict of Interest (COI) Management Plan
(Complete this section if the family member is a not a University of Maryland Eastern Shore employee)

Complete this section if the member(s) of the same family are not directly employed by the University of Maryland Eastern Shore; however, would be employed by the University of Maryland Eastern Shore through a subcontract, subrecipient agreement and/or a contract, which also includes as a consultant.

PLEASE NOTE: *The non-UMES family member's signature is not required on this form. However, the University of Maryland Eastern Shore **requires** that the non-UMES family member's institution or organization submit a fully signed copy of their Conflict of Interest plan, which must be signed by their supervisor and submitted with this form.*

Employee Name 1 _____ **and Employee Name 2** _____
(Principal Investigator) (Family Member)

Name of Proposal that you are requesting a waiver on: _____

_____

_____

Funding Agency: _____ **Have you notified the funding agency of your COI?** ☐ **Yes** ☐ **No**

UNIVERSITY OF MARYLAND EASTERN SHORE
RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

Please note: Article I. of the USM Policy on Employment of Members of the Same Family (VII-2.10) establishes a policy for employees of the University System of Maryland which permits members of the same family to be employed in the University System of Maryland while promoting fairness and preventing conflicts of interest. Article II of the same USM Policy states that, although members of the same family are eligible for employment, a supervisor/subordinate relationship shall not exist between family members, nor shall one member of a family assume the role of advocate or judge with respect to conditions of employment or promotion, except in accordance with Section V of this Policy. Section V.B allows for requests for an exception to the prohibition in writing to the University President. The purpose of this document is to request an exception based on the Plan as proposed below.

SUMMARY OF THE RELATIONSHIP AND REPORTING LINES BETWEEN THE TWO EMPLOYEES

	NAME OF EMPLOYEE	TITLE OF EMPLOYEE	RELATIONSHIP TO EMPLOYEE LISTED	NAME OF ORGANIZATION WHERE EMPLOYEE IS EMPLOYED	NAME OF DEPARTMENT HEAD
1					
2					

The above listed employees collaborate on proposals for sponsored funding.

Family members participating in any fashion (paid or unpaid) on the same internal or extramural proposal/award raises the potential of a Conflict of Interest, as well as a supervisory/subordinate relationship prohibited by the Policy. Similarly, there is potential for a Conflict of Interest (real or perceived) when two or more family members participate in other types of university contractual relationships (i.e., Material Transfer, Non-disclosure, and Data Use Agreements).

Proposed Management Plan:

_____, the DEPARTMENT Chair, is the designated Plan Manager. If the Department Chair is the Principal Investigator (P.I.), and has a possible conflict of interest, the Dean will then be designated the Plan Manager. ***If applicable****, _____, the DEAN, has been designated as the Plan Manager.*

To prevent any favoritism (or the appearance of favoritism) and to avoid a conflict of interest or an appearance of conflict of interest, no employee may initiate or participate in, directly or indirectly, decisions involving a direct benefit with respect to initial hire or rehire, appointment, promotion, salary, performance appraisals, hours, work assignments or other conditions of employment, of a family member. The Plan Manager will personally review and approve (NAME 1) _____and (NAME 2) _____ performance reviews and any other records, correspondence or transactions involving their appointment, promotion, wages, hours, or other conditions of employment. "Other conditions of employment" include but are not limited to approvals for training, tuition support, business expenses, travel approval and expenditures, effort report certification, sponsored funding budget modifications, and requests for time off. In addition, (NAME 1) _____ and (NAME 2) _____ will recuse themselves from any DEPARTMENT activities where they would evaluate or make recommendations about one another's salaries, travel, expenditures or reviews for promotion.

UNIVERSITY OF MARYLAND EASTERN SHORE
RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

The Plan Manager will also approve payroll, expenditures, and travel in situations where (NAME1) _____ and (NAME 2) _____ are PI or Co-PI's on the same projects. Decisions to include one another on each other's projects will be based solely on a Statement of Work (SOW) and evidence that no favoritism is being shown. This is especially true when other DEPARTMENT faculty--with similar expertise--are available to perform the duties and responsibilities of the project

Notifications: The Office of Research may be required to notify the sponsor of this relationship and that this Plan has been institutionally approved to manage any potential Conflict of Interest that may arise. Employees (including students, faculty, or staff) working on internally or externally funded projects that include both (NAME 1)_____ and (NAME 2)_____ will be told by (NAME 1) _____ and (NAME 2) _____ that this Plan exists and encouraged to discuss any concerns with the Plan Manager.

(NAME 1) _____ and (NAME 2) _____ will receive a copy of this management plan. The DEPARTMENT Chair and any faculty acting in a supervisory role will be reminded that all supervisors are responsible for maintaining objectivity in their work relationships and avoiding situations which raise the question of favoritism or discrimination.

All faculty members of the DEPARTMENT will be instructed to bring directly to the Plan Manager or COLLEGE Dean, any issues or concerns involving favoritism or the appearance of favoritism that may stem from this relationship.

Review: This Management Plan will be reviewed on an annual basis by the COLLEGE Dean's Office or in any instance where there is a change in the Supervision/Subordinate Relationship after Employment, a change in the DEPARTMENT Chair or Dean of COLLEGE.

INVESTIGATOR CERTIFICATION AND APPROVALS OF PART II/III: Please signify your approval of the provisions outlined here by signing below.

Accepted Signatures

_____	_____	_____
EMPLOYEE NAME (1) Printed	EMPLOYEE NAME (1) - Signature	Date
_____	_____	_____
EMPLOYEE NAME (2) Printed	EMPLOYEE NAME (2) Signature	Date

Approval Signatures

_____	_____	_____
DEPARTMENT CHAIR Name Printed *For Employee 1*	DEPARTMENT CHAIR Signature	Date
_____	_____	_____
DEPARTMENT CHAIR Name Printed *For Employee 2*	DEPARTMENT CHAIR Signature	Date
_____	_____	_____
Dean Name Printed *For Employee 1*	Dean Signature	Date

UNIVERSITY OF MARYLAND EASTERN SHORE
RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

Dean Name Printed *For Employee 2*	Dean Signature	Date
Joseph Pitula, PhD Director of Office of Research Printed	Director of Office of Research Signature	Date
Gertrude Hairston Director of Human Resources Printed	Director of Human Resources Signature	Date
Matthew A. Taylor, Esquire UMES General Counsel Printed	UMES General Counsel Signature	Date
Heidi M. Anderson, PhD President Name Printed	President Signature	Date

DEFINITIONS:

Conflict of Commitment - A Conflict of Commitment exists when an outside activity or personal consideration that reasonably appears to be related to the Investigator's Institutional Responsibilities could compromise, or have the appearance of compromising, an Investigator's judgment in conducting or reporting research.

Conflict of Interest - This occurs when an employee or an employee's relative receives personal financial benefit from the employee's university position.

External activity - An involvement with any person, trust, organization, enterprise, government agency, or other entity that is not an entity associated with or under the control of the University of Maryland Eastern Shore.

Family Member - Means:

1) The employee's spouse, domestic partner, children or step-children;
2) A parent of the employee or the employee's spouse;
3) A brother or sister o the employee or the employee's spouse;
4) Grandparents or grandchildren of employee or the employee's spouse;
5) Aunts and uncles of the employee or the employee's spouse;
6) Nephews and nieces of the employee or the employee's spouse;
7) Sons-in-law and daughters-in-law of the employee or the employee's spouse

Financial Interests – Anything of monetary value received or held by an Investigator or an Investigator's Family, whether or not the value is readily ascertainable, including but not limited to: salary or other payments for services (e.g., consulting fees, honoraria); any equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights and interests (e.g., patents, trademarks, service marks, copyrights) upon receipt of royalties or other income related to such intellectual property rights and interest—but not including salary or other remuneration from SLHS; income from seminars or teaching engagements sponsored by federal or state advisory committees, US institutions of higher education, or US institutions affiliated with institutions of higher education, academic medical centers and teaching hospitals; or equity interest or income from investment vehicles such as mutual funds and retirement accounts so long as the Investigator does not directly control the investment decisions made in these vehicles.

UNIVERSITY OF MARYLAND EASTERN SHORE
RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

For PHS-funded Investigators only, Financial Interest also includes any reimbursed or sponsored travel undertaken by the Investigator and related to his/her Institutional Responsibilities, excluding travel reimbursed or sponsored by US federal, state or local governmental agencies, US institutions of higher education or US research institutes affiliated with institutions of higher education, academic teaching hospitals and medical centers.

Institutional Responsibilities – The Investigator's responsibilities associated with his or her institutional appointment or position.

Investigator – Any researcher, regardless of title or position, who is responsible for the design, conduct, or reporting of Research or proposals for funding of Research. This may include, for example, collaborators or consultants.

PHS – Public Health Service

Significant Conflict of Commitment ("SCoC") – A Conflict of Commitment that is any of the following:

a) An executive position in a for-profit business that engages in commercial or research activities of a biomedical nature.
b) Serving in a fiduciary role for a for-profit business that engages in commercial or research activities of a biomedical nature.

Significant Financial Interests ("SFI") – A Financial Interest that reasonably appears to be related to the Investigator's Institutional Responsibilities, and that is any of the following:

a) With regard to any publicly traded Entity, the aggregate value of any salary or other payments for services received in the twelve months preceding the disclosure, and the value of any equity interest during the 12-month period preceding or as of the date of disclosure, exceeds $5,000.
b) With regard to any non-publicly traded Entity, the aggregate value of any salary or other payments for services received during the twelve months preceding the disclosure exceeds $5,000, or when the Investigator or his/her Family holds any equity interest of any value during the 12-month period preceding or as of the date of disclosure.
c) Any income related to intellectual property rights and interests.

Sponsored Research – Research involving funds, materials or other support from sources external to UMES.

Supervisor/subordinate relationship means; a relationship in which one family member reports to another family member, or one family member otherwise participates directly in making personnel decisions regarding another family member.