

Proposed Form Mar 2006
Endorsed by DPG April, 2006
Endorsed by Excecutive Staff April, 2006

SALISBURY UNIVERSITY
RESEARCH OR DEVELOPMENT INTEREST DISCLOSURE FORM

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.

Name: _____ Department: _____

Signature: _____ Date: _____

Mailing Address:

Telephone: _____ E-mail: _____

ADMINISTRATIVE REVIEW

Review and approval by the Department Chair and the Dean are required before this form is submitted to Office of Grants and Sponsored Research 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 in the "Summary of Real or Potential Conflict", page 2. The steps to be taken to manage, reduce, or eliminate the real or potential conflict are fully described under "Mitigating Factors", also on page 2.

Department Chair's Signature

Date _____

Dean's concurrence with the findings of the Department Chair:

Date_____

Dean's Signature

Note: This form and any supporting material must be sent to the Director of Grants and Sponsored Research. Conflicts that have not been eliminated will be reviewed by the Conflict of Interest Committee (COI Committee), which will make its recommendation to the Provost, who will then make a recommendation to the President (if appropriate). When a conflict of interest is approved, Office of Grants and Sponsored Research will notify the sponsor, the University of Maryland System, and the Maryland State Ethics Commission, as required by law.

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 if necessary).

OWNERSHIP/FINANCIAL INTEREST

Report below any interest 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 Salisbury University.

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 Salisbury University.

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 Salisbury 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.