

**UNIVERSITY OF CENTRAL FLORIDA
POTENTIAL OUTSIDE ACTIVITY, EMPLOYMENT, AND CONFLICT OF INTEREST
AND COMMITMENT REPORT**

FOR A&P, Adjunct Faculty, OPS and USPS EMPLOYEES assigned to and/or supporting Sponsored Programs Activities

[If you have more than one activity for each question, you will need to complete [a separate disclosure for each activity](#)]

| | |
|---|---|
| <p>Employee: _____</p> <p>Select your employee type:</p> <p><input type="checkbox"/> A&P Employee</p> <p><input type="checkbox"/> OPS Adjunct Faculty</p> <p><input type="checkbox"/> OPS Temporary research personnel- Other than Students* (*Refer to Page 9 for details)</p> <p><input type="checkbox"/> USPS</p> <p>Department/Institute/Center: _____</p> | <p style="text-align: center;">Select type of Disclosure:</p> <p><input type="checkbox"/> New Annual Disclosure</p> <p><input type="checkbox"/> Amendment to Disclosure</p> <hr/> <p style="text-align: center;">Reporting Period: Calendar Year</p> <p style="text-align: center;"><u>January 1, 2012</u> through <u>December 31, 2012</u></p> |
|---|---|

PURPOSE:

UCF has established policies and procedures to identify and properly manage potential conflicts of interest that may be associated to non-faculty university employees who are engaged in sponsored program activity. Such procedures are intended to increase awareness of the fact that potential conflicts of interest (financial) and conflict of commitment shall be avoided while carrying out their professional work, including participating in research efforts at UCF. Any reported and/or identified potential conflict shall be avoided or properly managed. UCF operates within a frame-work regulated by state and federal requirements. State and federal laws and regulations have been developed to define the governing and monitoring requirements for the handling of conflicts of interest involving significant financial interests, outside activities or conflicts of commitment. This form conforms with Florida Statutes; policies of the Board of Governors (BOG) and the University of Central Florida (UCF).

For purposes of this COI & COC disclosure form, any university A&P, Adjunct Faculty, OPS, USPS employees and Graduate Student ("DISCLOSER"), who is directly assigned to and/or is administratively supporting a sponsored project or related activity is required to complete a COI & COC disclosure form. Its purpose is to ensure that no unresolved conflict(s) involving their financial interests or primary university commitments and outside activities exists among employees holding employment classifications as defined above.

Information provided by DISCLOSERS under this COI & COC disclosure form will allow their supervisors in conjunction with the ORC's Office of Compliance/Conflict of Interest Program (COI), to determine whether a potential conflict exists so that they may manage or eliminate such conflict. If a potential conflict that could directly and significantly affect the design, conduct or reporting of the research is identified upon review by your supervisor or other appropriate university officials, the DISCLOSER will be notified and the conflict must be resolved.

PROCEDURE

- COI & COC's disclosure form must be completed at least annually, regardless of whether or not the employee or Graduate Student has any significant financial interests, outside activities, or commitments to report.
- A new disclosure form must also be submitted at any subsequent point during the reporting period that it becomes necessary to disclose **any new or anticipated outside activity, financial interest, or commitment** that has occurred or is expected to occur during that reporting period.
- Any changes applicable to any already submitted disclosure shall be reported via an Amendment to the disclosure form.

Information on policies, regulations, and requirements is available on the UCF's Office of Compliance website at:
<http://www.coi.ucf.edu>

(Refer to [Page 9](#) for a description of most relevant definitions and criteria applicable to the content of this form.)

NOTE: For each question answered “Yes” below, all sub-questions that appear are required and must be answered. Multiple responses may be submitted to each question. Use additional pages (if necessary) to complete your disclosure statement.

I. Sponsored Research

Questions 1, 2 & 3 apply to employees and Graduate Students who are or will be participating in sponsored research & training activities/awarded projects during the current reporting period. Please answer “No” if you are not or do not expect to participate on an awarded sponsored research & training project during the current reporting period. [For information on the criteria applicable to questions 1, 2 & 3, please refer to the Page 9].

1. During the current reporting period will you or members of your Immediate Family expect to receive a combined remuneration from a single source entity in the amount of \$10,000 or more for research & development services related to, or conducted by you separate from the university? For this question only you do not need to include income from seminars, lectures or teaching engagements sponsored by public or non-profit entities; or income from service on advisory committees or review panels for public or non-profit entities. (**Remuneration** means reward; recompense; salary or compensation. **Entity** means any corporation, partnership, limited partnership, proprietorship, firm, enterprise, franchise, association, self-employed individual, or trust).

Yes No

(If “No”, proceed to the next question.)

If “Yes”, provide the following information:

- Entity name (Source of remuneration): _____
- Party receiving the remuneration: self, or Immediate Family member both
If “Immediate Family member”, please identify family relationship: _____
- Do you hold a managerial position in this entity? Yes No

If “Yes”, please select the type that best describe your position:

- President CEO CTO Board Member Director Chief Research Officer
 Scientific Advisory Board Member Manager/Officer/Partner Other (provide details): _____

- Anticipated duration: Start date: to: End Date:
 - Specify the anticipated time commitment to the activity:
hours: _____ Hours are: Per Week Per Month Per Year
 - Has or will the entity **sponsor research** in which you are engaged in at the university?
 Yes No
 - If “Yes”, please identify the UCF Project No.(s): _____ ; _____ ; _____
- Has or will the entity **execute a license agreement** to use your intellectual property?
 Yes No
- If “Yes”, please identify the license agreement: (Number and title): _____
- Is your Academic Advisor engaged with this entity?
 Yes No

If “Yes”, please describe: _____

- Is the remuneration for clinical research & development services from the sponsor of a covered clinical study?:
 Yes No

If “Yes”, is or will the amount of remuneration exceed \$25,000? Yes No

- Describe in detail your role and responsibilities (including legal or employment relationship) to the entity:

2. During the current reporting period will you or members of your Immediate Family, in aggregate, have or expect to receive 5% ownership interest (equity) or more from any single entity for research & development services related to, or conducted by you separate from the university?

Yes No

(If "No", proceed to the next question.)

If "Yes", please provide the following information:

- Entity name: _____
- Describe the equity interest: _____

- Party with equity interest: Self Immediate Family member Both
If "Immediate Family member", please identify family relationship: _____

Do you hold a managerial position on this entity? Yes No

If "Yes", please select the type that best describe your position:

- President CEO CTO Board Member Director Chief Research Officer
 Scientific Advisory Board Member Manager/Officer/Partner Other (provide details): _____

Anticipated duration: Start date: to: End Date:

- Specify the anticipated time commitment to the activity:
hours: _____ Hours are: Per Week Per Month Per Year
- Has or will the entity **sponsor research** in which you are engaged in at the university?
 Yes No
If "Yes", please identify the UCF Project No(s): _____ ; _____ ; _____
- Has or will the entity **execute a license agreement** to use **your** intellectual property?
 Yes No
If "Yes", please identify the license agreement: (Number and title): _____

- Is your Academic Advisor engaged with this entity?

Yes No

If "Yes", please describe: _____

- Is the equity interest in the sponsor of a covered clinical study?

Yes No

If "Yes", did or will the value of the equity interest exceed \$50,000?

Yes No

- What is the equity interest percentage? _____ %
- Describe in detail your role and responsibilities with the entity:

3. During the current reporting period will you or members of your immediate family receive more than \$10,000 from advanced payments and/or other compensation from a single entity, separate from the university, for intellectual property rights (patents, copyrights, trademarks) related to research & development activity in which you are engaged at the university? [You do not need to include royalties or compensation received from the UCF - Research Foundation, and/or from intellectual property made by you while a university employee outside your field or discipline in which you are employed, and/or for which no university support has been used (independent efforts)].

Yes No

(If "No", proceed to the next question.)

If "Yes", please provide the following information:

- Identify the type of IP (e.g. patent, copyright, trademark): _____
 - Party developing or who owns IP: Self Immediate Family member Both
 - Short description of the property: _____

- Describe in detail your role and responsibilities with the entity: _____

II. Use of UCF Students, Personnel, or Other University Resources (e.g., equipment, facilities, supplies) in Outside Activities

4. During the current reporting period do you intend to use the services of UCF personnel in carrying out any outside activity?

Yes No

(If "No", proceed to the next question.)

If "Yes", there is a conflict of interest. You must disclose the following information and work with your supervisor and other appropriate university officials to manage or eliminate the conflict. Please complete the information:

- **Name of university personnel: (first & last name):**
 - (a) First: _____ Last: _____ Unit: _____
 - (b) First: _____ Last: _____ Unit: _____
 - (c) First: _____ Last: _____ Unit: _____
- Describe your employment role with respect to the university personnel listed above: (supervisory/evaluative role):

- Describe your current or proposed use of the university personnel in your outside activities:

- Specify the anticipated university personnel time commitment for the outside activity (information should correlate to the name listed under letter (a-c) above):
 - (a) # hours: _____ Hours are: Per Week Per Month Per Year
 - (b) # hours: _____ Hours are: Per Week Per Month Per Year
 - (c) # hours: _____ Hours are: Per Week Per Month Per Year

Indicate the time (s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

(a) From _____ to _____ daily; weekly; monthly other:

Describe: _____

(b) From _____ to _____ daily; weekly; monthly other:

Describe: _____

(c) From _____ to _____ daily; weekly; monthly other:

Describe: _____

5. During the current reporting period do you intend to use other university resources (e.g., equipment, facilities, supplies) or services (including information technology resources) in carrying out any outside activity? You do not need to report incidental use of such resources. (Refer to Page 9 for a definition of the term "incidental use").

Yes No

(If "No", proceed to the next question.)

If "Yes", please provide the following information:

- Department/Unit providing the resources of service: _____
- Identify the type of university resource or service: _____

- If applicable, please identify the location of the resource: _____
- Specific location of lab: _____
- Building facility: _____
- Room number : _____
- Describe your anticipated use of the university resource or service:

- Describe the anticipated frequency of use: _____
- Anticipated duration: Start date: _____ to End date: _____

Attach copy of supporting documentation (if any): [Check here if you are attaching documentation]

III. Other Activities, Interests and Commitments

6. During the current reporting period will you hold or do you expect to run for political office?

Yes No

(If "No", proceed to the next question.)

If "Yes", identify political office held or sought, as applicable:

- Describe the political office: _____

Anticipated duration: Start date: to End Date:

Number of hours: _____

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties: From _____ to _____

daily; weekly; monthly other: Describe: _____

- Campaigning activities: Yes No

If "Yes", describe and please provide the following information : _____

Anticipated duration: Start date: to End Date:

Number of hours: _____

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties: _____

assigned duties: From _____ to _____

daily; weekly; monthly; other: Describe: _____

IV. Florida State Conflict of Interest Standards of Conduct

Florida State conflict of interest statutes (FS 112.311) requires that no employee shall have any interest, financial or otherwise, direct or indirect; engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest. In concert with the Florida Statute, please answer the following Standards of Conduct (FS 112.313) question:

7. During the current reporting period do you intend, as a university employee, to commit university resources (i. e. personnel, materials and supplies, equipment use, departmental or project funds) to purchase goods and services from or provide services to any entity in which you or your Immediate Family hold a significant management position (i.e. officer, partner, or proprietor of the entity), have a material interest (direct or indirect ownership) of 5% or more of the total assets or capital stock of any business entity, and/or hold any employment or contractual relationship with the entity?. You must report proposed subcontract SBIR/STTR sponsored funding activity to the university from any entity owned or managed by you and/or your Immediate Family members.

Yes No

(If "No", proceed to the next question.)

If "Yes", please provide the following information:

- Entity name: _____
- Is the entity sponsoring research in which you are engaged at the university? Yes No
If "Yes", please provide the university Project No(s): _____; _____; _____
- Does the entity have intellectual property rights? Yes No
If "Yes", please identify the university License agreement: (Number and title: _____)

- Are you or your Immediate Family an Officer, Partner, Director or Proprietor of the entity?

Yes No

If "Yes", please select the position held:

Self: President CEO CTO Board Member Director Chief Research Officer
 Scientific Advisory Board Member Manager/Officer/Partner Other (provide details): _____

Immediate Family member: President CEO CTO Board Member Director
 Chief Research Office Scientific Advisory Board Member Manager/Officer/Partner
 Other (provide details): _____

If "Immediate family member", describe family member relationship: _____

- Do you or your Immediate Family have a Material Interest (*direct or indirect ownership of 5% or more of the total assets or capital stock of any business entity*): Yes No

If "Yes" select Party: Self Immediate Family member Both

If "Immediate Family member", describe family member relationship: _____

- Do you or your Immediate Family hold any employment or contractual relationship with the entity?:

Yes No

If "Yes", describe the contractual relationship: _____

- Party: Self, or Immediate Family member

If "Immediate Family member" describe family member relationship: _____

In accordance with FS 112.313(12)(a) - (j) exemptions, are you exempt?: Yes No

If "Yes", specify exemption: _____

If "No", you must submit your request for exemption in accordance with Florida Statutes 112.311-313, Title 42, CFR, Part 50.604. [A copy of the **Request for an Exemption/Disclosure** form is available at: http://www.coi.ucf.edu/Forms/COI_Request_for_Exemption.doc]

Check here if a Request for an Exemption/Disclosure form is being submitted as an attachment to this form.

8. During the current reporting period do you intend to hold any employment or contractual relationship and/or engage in other activities, not previously reported on this form, in excess of your assigned research, and/or service responsibilities (e.g., serving as a Director and/or Board member, Officer, Partner, Agent or in any managerial position with an entity external to the university) that could lead a person to believe that a conflict may exist, or that you otherwise wish to report. Please report all "CONSULTING" activity here. If you are an independent consultant, please indicate as such and list all entities with which you are performing consulting services for. You do not need to report work completed for professional discipline-related associations (e.g., serving as an officer of your academic discipline's national association; a journal editor; or on a national peer review committee; or other activity related to your UCF assigned duties).

Yes No

(If "No", proceed to the next question.)

If "Yes", please provide the following information:

- Entity Name:(Please provide the name of the entity/employer, if applicable): _____
- Please describe the activity: _____

- Number of hours: _____
- Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

From _____ to _____

daily; weekly; monthly other: Describe: _____

Please provide the Start date and End date for such commitment: Start date: to End Date:

- Is the entity sponsoring research in which you are engaged at the university? Yes No
If "Yes", please provide the university Project No.(s) _____ ; _____
- Does the entity have intellectual property rights? Yes No
If "Yes", please identify the License Agreement: (Number and title): _____

- Do you or your Immediate Family have a Material Interest: Yes No
If "Yes" select Party: Self Immediate Family member or Both
If "Immediate Family member", describe the Material Interest: _____

- If "Immediate Family member" describe family member relationship: _____
- Do you or your Immediate Family hold any employment or contractual relationship with the entity?:
 Yes No
If "Yes", describe the contractual relationship: _____
If "Yes" select Party: Self Immediate Family member or Both
If "Immediate Family" member, describe family member relationship: _____

Certification:

I certify that the outside employer(s) or recipient(s) of services understand that I am engaging in such outside activity as a private citizen, not as an employee, agent, or spokesperson of the university. I further certify that the statements and disclosures provided herein are current, accurate, and complete, and understand that any false or misleading representations may result in disciplinary action and/or termination of my employment.

Signature _____
(Manual Signature Required)

Print Name: _____

Date: ____ / ____ / 20__

Contact information [REQUIRED]:

Telephone: _____

E-mail: _____



Additional signatures are required for the completion of this form - see Page 8

REMINDER TO THE DISCLOSER

- If you have more than one activity for each question, you will need to complete a separate disclosure for each activity.
- Please forward this form to your immediate supervisor (as Reviewer # 1) in order to initiate its internal review process.
Signature by Reviewer # 2 is also required.

THIS SECTION IS TO BE COMPLETED BY REVIEWERS ONLY

Reviewer # 1: {Discloser's direct supervisor}

- No conflict
 Conflict identified: Monitoring Plan & Request for an Exemption/Disclosure required
 Unapproved conflict (Please provide details below)

Comment(s):

Signature: _____
(Manual Signature Required)

Print name: _____

Title: _____

Dept/College/Institute/Ctr: _____

Tel: _____

Date: ____ / ____ / 20____

Reviewer # 2: {Supervisor of Discloser's direct supervisor}

- No conflict
 Conflict identified: Monitoring Plan & Request for an Exemption/Disclosure required
 Unapproved conflict (Please provide details below)

Comment(s):

Signature: _____
(Manual Signature Required)

Print name: _____

Title: _____

Dept/College/Institute/Ctr: _____

Tel: _____

Date: ____ / ____ / 20____

ORC/COI Regulatory Review

- No conflict
 Conflict identified: Monitoring Plan & Request for an Exemption/Disclosure required
 Unapproved conflict (Please provide details below)

Comment(s):

Signature: _____
(Manual Signature Required)

Print name: _____

Title: _____

Tel: _____

Date: ____ / ____ / 20____

DEFINITIONS

Federal Conflict of Interest Criteria

A potential conflict of interest exists when a university employee's **Significant Financial Interest** (*anything of monetary value including salary, equity interests, and/or intellectual property rights*) could directly and significantly affect **the design, conduct or reporting of the research**. (See **National Institutes of Health Responsibility of Applicants for Promoting Objectivity in Research 42 CFR, Part 50.602, Part 50.603, and Part 50.604**, **National Science Foundation Proposal & Award Policies and Procedures Guide, Part II, Chapter IV. A., Grantee Standards**, and **U.S. Food and Drug Administration Financial Disclosure by Clinical Investigators 21 CFR, Part 54.1-3, and Part 54.4-6**). Under sponsored federal programs the potential conflict is between the investigator's personal financial interests and their ability to perform objective research. This criteria also applies to any other project participant involved in the design, conduct or reporting of the research.

Florida State Conflict of Interest Criteria

State of Florida statutes (**112.311**) requires that no employee shall have any interest, financial or otherwise, direct or indirect; engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest.

Florida State Standards of Conduct (FL. Statute 112.313) & Other relevant definitions

The State of Florida outlines standards of conduct for public officers and employees. Three of the standards apply to outside activity that may create a conflict of interest. To assist with your review the three standards have been summarized within the context of university employment.

1. **Conflict of Interest (COI)**: Means any conflict between the private interests of the employee and the public interest of the university, the Board of Governors, or the State of Florida, including conflicts specified under Florida Statutes; or any activity which interferes with the full performance of the employee's professional or institutional responsibilities or obligations
2. **Conflict of Commitment (COC)**: Outside activity that involves frequent or prolonged absences from the university on non-university business; or outside activity that engages a substantial portion of the time employee is expected to spend on assigned duties or university-related activities.
3. **Conflicting Employment or Contractual Relationship (FL. Statute 112.313(7))**
A university employee cannot hold any employment or contractual relationship with a business entity that sells or purchases goods or services from the university. Under Florida State statute the potential conflict is between the university employee's private financial interests and their public responsibilities to the State.
4. **Consulting**: The use of scholarly or scientific expertise for the benefit of organizations outside of the university in return for compensation.
5. **Doing business with the university (FL. Statute 112.313(3))**: A university employee cannot purchase goods or services from any entity of which the employee (or employee's immediate family) has an equity position and/or serves as an officer, director or other managerial position. A university employee cannot sell goods and services to the university from an entity in which the employee (or employee's immediate family) has an equity position and/or serves as an officer, director or other managerial position.
6. **Immediate Family**: For purposes of outside activity and potential conflict of interest and commitment reporting, immediate family shall refer to the faculty member's spouse, dependent children and/or individuals living in the same household.
7. **Incidental use**: Refers to the use of university resources (e.g., equipment, facilities, supplies) that causes no more than normal depreciation of the resource and does not result in added expenses accruing to the university.
8. **Key Personnel**: The Principal Investigator/Project Director and any other person considered to be essential to work performance by the university in the proposal or the award
9. **Outside Activity**: Any private practice, private consulting, additional teaching or research, or other activity, whether compensated or uncompensated. Which is not part of the employee's assigned duties and for which the university provides no compensation.
10. **OPS (other than Students)**: include the following position classifications, among others: Programmer Analyst; Engineering Technician; Laboratory Manager or Technician; Engineer; Training Specialist and Research Manager.
11. **Significant management position**: A position with a legal entity that ascribes to the incumbent the authority to make decisions that will determine whether or not the entity will or will not do business with the University of Central Florida ("university").
12. **Unauthorized Compensation (FL. Statute 112.313(4))**: A university employee (or employee's immediate family) cannot accept any compensation, payment or thing of value, when the employee knows or with the exercise of reasonable care, should know, that it (compensation, payment or thing of value) was given to influence a vote or other action in which the officer, employee, or local government attorney was expected to participate in his or her official capacity.