**Morgan State University**

**Conflict of Interest in Research and Development**

**Disclosure Form**

As provided in Morgan State University Policy and Procedures for Conflict of Interest in Research and Development, 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.

Click here to enter text. Click here to enter text.

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**Discloser Name Department**

Click here to enter text. Click here to enter text.

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**Signature Date**

Click here to enter text. Click here to enter text.

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**Telephone** **Email**

**ADMINISTRATIVE REVIEW**

Review by the **Department Chair** or **Director** and the **Dean** are required before this form is submitted to the COI Office 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,” herein.

** 3. The management plan described herein will permit the conflict to be managed in accordance with University policies and procedures.

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

**Department Chair’s Signature**

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

**Dean’s Signature**

** **I concur with the above** ** **I do not concur**

**SUMMARY OF THE REAL OR POTENTIAL CONFLICT**

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

Click here to enter text.

**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).

Click here to enter text.

**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 Morgan State University, including technology transfer. 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):

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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.

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

8. Describe any existing or potential licensing agreements (technology transfer agreements).

Click here to enter text.

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.

Click here to enter text.

**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, (including technology transfer) involving the Morgan State University.

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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.

Click here to enter text.

5. Describe the compensation for the positions listed above.

Click here to enter text.

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

Click here to enter text.

**PARTICIPATION IN THE RESEARCH**

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

4. Will Morgan 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?

Click here to enter text.

**SELECTION OF SUBAWARDEE**

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

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

Click here to enter text.

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

Click here to enter text.

**Please submit this form and any supporting material to:**

**Name:**  Willie E. May

**Title:** Vice President for Research & Economic Development

**Address:**  Tyler Hall, Suite 304

**Email:**  willie.may@morgan.edu

**Phone:**  443-885-4631