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|  | *Florida State University* | ORCP Ref # |  |
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| **Request for an Exemption from Conflict of Interest Laws as Provided by Section 112.313(12)(h), Florida Statutes** | | |

In general, under Florida law, a University employee is not permitted to have an ownership interest in, or be employed (as a consultant or otherwise) by a business entity contractually supporting the employee's research or teaching activities. Similarly a University employee may not have an ownership interest in, or be employed (as a consultant or otherwise) by a business entity licensing from the University technology invented by the employee. However, in order to facilitate technology transfer and related research, Florida law has an exemption to the above general law that allows these relationships after specific approval by University officials and Chair of FSU's Board of Trustees.

**Requisite to any approved exemption is the employee's full disclosure of the outside activities and interest involved. Faculty are required to submit a *Faculty Outside Activities Statement* and A&P/USPS/OPS employees are required to submit a *Statement Concerning Outside Employment*. If the exemption is allowed by the University, a Monitoring Plan to mitigate potential conflicts will be implemented.**

In order to fully evaluate the nature and extent of the potential conflicts of interest your proposed relationship with the business entity may create and to determine whether to allow it, it is necessary to understand your proposed activities and financial interests, your activities at the University, and the proposed relationship between the FSU and the business entity, and any other outside activities you may have. The information provided through the following questions is designed to assist those who must evaluate your Request for Exemption. If approved, this Exemption will cover only the licenses and/or research agreements disclosed in this request.

Because this form is designed to address all potential conflict of interest situations, there may be questions that are not applicable. If a question is not applicable, simply answer “Not Applicable” or “None”.

FSU's policy and procedures related to conflicts of interest may be found on the Office of Research Compliance Program's [Conflict of Interest website](http://www.research.fsu.edu/research-compliance/conflict-of-interest/).

Date:

Indicate the number of years for which this exemption is sought; may not exceed five (5) years: **Date of Final Signature through June 30, 20**

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| **If granted, this Exemption will become effective on the date this Request for Exemption is approved by the Chair of the Florida State University Board of Trustees, and will extend for the term requested (up to five years) ending on June 30th of that final year. The exemption will cover only the specific activity license and/or research agreement(s) disclosed in this Request for Exemption. The period of the Monitoring Plan must match the period of this Exemption.** |

Employee Name:  Department:

University Position:  E-mail:

Corporation/Business Entity Name (hereinafter “Entity”):

**SECTION 1: Reason for Exemption**

A. Your activity and financial Interest(s) in the Entity *(check all that apply)*:

Consulting or employment agreement:

Describe and list remuneration (e.g., stock, stock options, cash and $ value (if any):

Ownership interest in Entity (e.g., partner, proprietor, shareholder, ownership of stock options):

Describe and list % and $ value of ownership:

Leadership or managerial position(s) at Entity *(Check all that apply)*

Self:

President  CEO  CFO  CIO  Member, Board of Directors  Director of Research

Scientific Advisory Board member  Officer:   Other:

Immediate Family Member(s):

Identify family member holding leadership or managerial position at the Entity:  Spouse  Child  Another member of my household

Select leadership or managerial position(s) assigned to such family member and identify member (if more than one member engaged with Entity; describe who in comments section):

President  CEO  CFO  CIO  Member, Board of Directors  Director of Research

Scientific Advisory Board member  Officer:   Other:

COMMENTS:

Other activity or financial interest not described above; describe:

B. Do you have any active or potential FSU intellectual property license agreement(s) with Entity?  No  Yes; describe:

C. Are there any current research proposals (i.e., *pending, under review)* or agreements (i.e., *executed, in negotiation*) between FSU and Entity triggering this Exemption?  No  Yes; describe:

D. Are there any other types of agreements formalized (on your behalf or associated to your person) between FSU and Entity?

No  Yes; describe:

E. Is Federal funding related to this transaction?  No  Yes; describe:

**SECTION 2: Entity Information**

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| --- | --- | --- | --- |
| Entity Legal Name |  | | |
| Street Address |  | | |
| City |  | State: | Zip: |
| Phone Number |  | | |
| Fax Number |  | | |
| Executing Official Name/Title |  | | |
| Executing Official E-mail |  | | |
| Entity Web Address |  | | |

A. Type of Entity:  General Partnership  Sole Proprietorship  LLC  Corporation  S Corp  Not-for Profit Organization

B. Briefly describe the overall activities/business pursued or to be pursued by Entity per the business plan:

C. To your knowledge, is there any pending litigation against Entity?  No  Yes; describe:

D. List and describe all agreements between FSU (including FSU direct support organizations such as FSURF) and Entity effective during the period for which this exemption is sought, including the research and/or technology license agreement triggering the need for this exemption request. All agreements described herein must be made available upon request.

E. State of Incorporation:

**SECTION 3: Employee’s Responsibilities to FSU**

1. Describe your role and responsibilities at FSU: (Check all that apply. Check N/A if the activity is not applicable to your current position.)
2. FSU Teaching/Instruction:  Not Applicable  Yes; describe:
3. FSU Research (including area of research): :  Not Applicable  Yes; describe:
4. FSU Service/Administration: :  Not Applicable  Yes; describe:
5. FSU Other: :  Not Applicable  Yes; describe:
6. Supervisory Duties (List all persons at FSU that you supervise):

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| Employees, including faculty, administrative staff, and lab personnel (excluding students). List Names and Titles. |
| Students, including undergraduate and graduate students and post-docs. List Names and Titles: |

1. Do you currently have an active award from the Public Health Service (including NIH) or the National Science Foundation?

No  Yes; List OMNI Project IDs:

**SECTION 4: Employee’s Responsibilities to Entity**

1. Describe your responsibilities or proposed responsibilities to Entity.

1. Role at Entity (position/title):

2. Responsibilities to Entity:

1. Total time commitment involved with Entity (by hours per week):
2. Explain how your responsibilities to Entity differ from your FSU responsibilities:
3. Outline the benefits to FSU by granting this Request for Exemption:
4. Outline potential conflicts by granting this Request for Exemption:

**SECTION 5: Applicable FSU Technology/Intellectual Property**

1. Provide a layman’s description of the FSU technology/intellectual property involved in this request, list all inventors/developers, and provide patent information (e.g., date of disclosure to FSU’s Office of Commercialization, date of patent application and patent application number, date patent issued and patent number, etc.) or other information related to non-patented intellectual property (IP), as applicable.

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| **Describe Nature/Function of Invention/Technology** | **Inventors/Developers** | **Disclosure/Patent/IP Info** |
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1. If you are not an inventor, explain your role, if any, in the development of the intellectual property listed above or the contractual arrangement between FSU and Entity:  Not Applicable or describe:

**SECTION 6: Employee Certification and Signature**

I (employee) understand and agree that all my activities with the company are carried out in my individual capacity and not as a representative of Florida State University.

I (employee) understand and agree to abide by all pertinent provisions of *Chapter 112, Florida Statutes*; applicable FSU policies and procedures; and any other conditions, including any monitoring plans, imposed for the allowance of these outside activities.

I (employee) further agree and understand that violation of this agreement is grounds for disciplinary action, withdrawing the allowance of my outside activities, withdrawing the Exemption and termination of any agreement between FSU and Entity that has been allowed under the Exemption.

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| **Employee Signature** | **Typed/Printed Name** | **Date Signed** |
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| **SECTION 7: Institutional Approval/Disapproval** | | | | |
| **Reviewer** | **Signature** | **Approved** | **Disapproved** | **Date** |
| Employee Supervisor (if not Chair) |  |  |  |  |
| Chair (or designee) |  |  |  |  |
| Dean/Director (or designee) |  |  |  |  |
| Vice President for Research (or designee) |  |  |  |  |
| FSU President (or designee) |  |  |  |  |
| **Chair, FSU Board of Trustees** |  |  |  |  |