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|  | *Florida State University* | *Plan Name:*  |       |
|  | Management Plan Annual Report |
|  |
| **All Management Plan Annual Reports are due to be received by the Office of Research Compliance Programs no later than June 30 each year.** |
|  |
| Review Date: |  | Review Type: | [ ]  Annual (Year ) [ ]  Other: Explain:  |
| **Name of Employee:**(to which this plan applies) |  |
| Department/Center/Institute: |  |
| Entity Name: |  |
| **Name of Monitor:** |  |
| **EMPLOYEE REPORT** |
| Employee, please complete the following questions and sign below: |
| **Relationship between Employee and Entity** (check all that apply) |
| **Activities:**[ ]  I received consulting income[ ]  I am an un-paid consultant[ ]  I received speaking income[ ]  I received travel estimated > 5K[ ]  I serve on entity’s advisory board(s)[ ]  I serve on the Board of Directors[ ]  I chair the Board of Directors[ ]  I hold a management position at the Entity; describe: [ ]  I compose of the entire company; no other employees exist. | **Equity**[ ]  I own stock or stock options[ ]  I own or partly own the company; insert % ownership: **Intellectual Property (IP) Involved in Research Related to this Plan:**[ ]  My invention is licensed to entity by FSU[ ]  I receive or have the potential to receive, from a third-party, royalties related to rights from the IP involved in this research.**Human Subjects Involved in Research Related to this Plan**[ ]  Sponsor-initiated[ ]  Investigator-initiated |
| **Relationship between FSU and Entity** (check all that apply) |
| [ ]  FSU has licensed intellectual property to entity.[ ]  FSU has one or more sponsored research agreements with entity.[ ]  Other; explain:       |

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| **Please provide information for all FSU employees, students, post-docs and others that work in your lab:** |
| **Name** | **Email Address** | **Role in your Lab** | **Direct Supervisor if not you** |
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| *Add additional page as needed.* |

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| **List all proposals submitted for funding and journal articles, posters, presentations, etc., submitted for publication related to this research since the last reporting period:** |
|  | **Title of Proposal/Publication\*** | **Submitted To?** | **Conflict Disclosed?** |
| 1 |       |       | [ ]  Yes [ ]  No [ ]  Not Req’d by Plan |
| 2 |       |       | [ ]  Yes [ ]  No [ ]  Not Req’d by Plan |
| 3 |       |       | [ ]  Yes [ ]  No [ ]  Not Req’d by Plan |
| 4 |       |       | [ ]  Yes [ ]  No [ ]  Not Req’d by Plan |
| 5 |       |       | [ ]  Yes [ ]  No [ ]  Not Req’d by Plan |
| 6 |       |       | [ ]  Yes [ ]  No [ ]  Not Req’d by Plan |
| *Add additional page as needed.* |
| \***The employee will provide copies of any or all proposals and/or publications to the Management Plan Monitor upon request.** |
| **Certification by Employee** |
| *I have provided the information listed above to ensure compliance with the full disclosure requirements of the University. All information is true and correct to the best of my knowledge. I will promptly provide corrections to the information above if I learn that any is not accurate. I also understand that failure to comply with the Management Plan may result in a Retrospective Review[[1]](#footnote-1)!* |
| **Employee Signature:** | **Date:** |

|  |
| --- |
| **MANAGEMENT PLAN MONITOR’S ANNUAL REVIEW** |
| **Monitor’s Name:**  |  |
| Check all that apply: |
| [ ]  The Annual Report is acceptable, and the Management Plan should continue for another year. |
| [ ]  The Management Plan is no longer required because (explain):  |
| [ ]  The Management Plan should be amended for the following reasons:  |
| [ ]  The employee did not comply with the Management Plan. Explain:  |
| **Certification by Management Plan Monitor:** |
| *This review and discussion with the employee was conducted in accordance with the terms and conditions of the approved Management Plan. Within thirty (30) days from the date of this report, I will meet with personnel and students working in the Employee’s laboratory/program/area (as listed in this report) to discuss their duties and responsibilities in the laboratory/program/area, the Employee’s duties and responsibilities in the laboratory/program/area, and the Employee’s relationship with the Entity.* |
| **Monitor Signature:** | **Date:** |

This Annual Report shall be signed by Employee and Monitor, scanned, and forwarded by email to the Director, Research Compliance Programs at research-compliance@fsu.edu.

**Exhibit A**

**Employee Disclosure Statement**

**TO** [Name of individual to receive this disclosure]**:**

**FROM (**Employee Name)**:**

The University has determined that a conflict of interest or potential conflict of interest exists by the Employee’s relationships and financial interests noted below. The University has determined that the noted conflict can be managed through an appropriate management plan agreed to by the Employee. As part of that management plan, all applicable FSU personnel and students are being advised of these relationships and financial interests by means of this disclosure statement.

**The Entity referenced in this disclosure is:**

The Employee has filed a Request for Exemption/Disclosure under Section 112.313(12)(h), Florida Statutes. The exemption was requested in order to:

[ ]  Allow Entity to enter into a licensing agreement with the University.

[ ]  Permit research which will be conducted under a research agreement between the University and the Entity.

[ ]  Other:

Employee’s Financial Interests:

[ ]  Employee has an invention that is licensed by the University to the Entity and may receive royalties under this license as a result of this research.

[ ]  Employee has an ownership interest in the Entity.

[ ]  Employee is providing, or may provide, consulting services to the Entity.

[ ]  Other:

Briefly describe the outside activity or financial interest. Describe work of the Employee at the University and distinguish it from any work done for the Entity.

**Management Plan Monitor:**

The Management Plan Monitor has the primary responsibility to monitor the Employee’s activities on behalf of the Institutional Representative as described herein:

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| --- | --- |
| Monitor Name: |  |
| Title: |       |
| Address: |       |
| Phone: |       |
| E-Mail: |  |

**Institutional Representative**:

The Institutional Representative, on behalf of the University, has the primary responsibility for ensuring that the Employee complies with the Management Plan, which is a document that outlines and implements measures to actively reduce, mitigate or eliminate an actual, potential or perceived conflict of interest held by the Employee.

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| Representative Name: | **Diana Key** |
| Title: | Director, Research Compliance Programs |
| Address: | 2019 Westcott North Annex |
| Phone: | (850) 644-8648 |
| E-mail: | dkey@fsu.edu or research-compliance@fsu.edu |

**Acknowledgement of Individual Receiving this disclosure:**

I acknowledge receiving this disclosure and understand that the Employee, the Management Plan Monitor, and the Institutional Representative are available for consultation with me should I have any questions or concerns regarding these relationships; or regarding any potential conflicts of interest, including questions concerning research design and conduct, use of University resources (including my time and effort), employee or student assignments, and ownership of intellectual property.

Signature: Date:

1. A retrospective review means that the Office of Compliance Programs (1) conducts an investigation to determine if bias was found in the design, conduct, and reporting of research results, (2) reports the findings of the investigation to the funding agency if such bias was found, (3) and, if bias was found, works with the Employee to create a Mitigation Plan to mitigate the effect of the bias (e.g., impact on the research project, extent of harm, including any qualitative and quantitative data to support any actual or future harm; and an analysis of whether the research project is salvageable. [↑](#footnote-ref-1)