

**OVERSIGHT OFFICIAL AGREEMENT**  
**Research Conducted under COI or the Appearance of COI Conditions**

This project entitled Title funded by Funding Agency has been identified as research involving a conflict of interest or the appearance of a conflict of interest. The University takes very seriously its role in ensuring that its research and scholarship is conducted with the highest integrity and is protected from influences that could lead to bias, or the appearance of bias, in the collection or interpretation of data, or publication of research results. The conflict of interest, in this case, cannot be eliminated with the usual procedures. Therefore, the following management plan will be implemented: Professor Name will provide oversight of all administrative concerns and research involved with regard to the conflict of interest issues listed above for the period of time Date to Date. The Oversight Official should meet with the reporter (discloser) at least once per year and should review the discloser's Annual Report for the award.

It should be understood that the management plan implemented for this case is unique to this case and does not imply that a similar plan will apply in future conflict of interest cases. The COI Committee decides each case on its own merits which include, among other things, considerations of the nature of the research, the potential risk to the University, and the benefits to public welfare.

**Oversight Official:** Name: Name Date: Date  
Signature: \_\_\_\_\_

**Individuals with COI:** Name: Name Date: Date  
Signature: \_\_\_\_\_

Name: Name Date: Date  
Signature: \_\_\_\_\_

Name: Name Date: Date  
Signature: \_\_\_\_\_

**Others on Project:** Name: Name Date: Date  
Signature: \_\_\_\_\_

Name: Name Date: Date  
Signature: \_\_\_\_\_

**OVERSIGHT COMMITTEE AGREEMENT**  
**Research Conducted Under COI or the Appearance of COI Conditions**

The project entitled: Project Title, is funded by Funding Agency, and has been identified as research involving a conflict of interest or the appearance of a conflict of interest. The University takes very seriously its role in ensuring that its research and scholarship is conducted with the highest integrity and is protected from influences that could lead to bias, or the appearance of bias, in the collection or interpretation of data, or publication of research results. The conflict of interest, in this case, cannot be eliminated with the usual procedures. Therefore, the following management plan will be implemented:

The Vice President for Research will appoint a # member committee composed of faculty members and administrators to provide oversight of COI issues by conducting semi-annual; annual reviews of project data, financial records, and any other necessary supporting documents. The committee will meet with students and employees on the contract independently from Dr. Name and Dr. Name. Any concerns raised by this committee will be reported to the COI Committee for review, consideration, and potential subsequent recommendations.

Dr. Name, (Title; Department) and a member of the Conflict of Interest Committee will be a member of this committee. If requested by the Vice President, one additional member with appropriate expertise will join this committee. The committee will hold semi-annual; annual meetings to oversee/monitor the project and report on how they have monitored students/employees and data integrity. This report must be provided to the COI Committee during the annual review of this COI Disclosure and Management Plan.

It should be understood that the management plan implemented for this case is unique to this case and does not imply that a similar plan will apply in future conflict of interest cases. The COI Committee decides each case on its own merits which include, among other things, considerations of the nature of the research, the potential risk to the University, and the benefits to public welfare.

**Management Plan Chair:**

Name: Name

Sign: \_\_\_\_\_

Date: Date

**COI Committee Member:**

Name: Name

Sign: \_\_\_\_\_

Date: Date

**Individuals with COI:**

Name: Name

Sign: \_\_\_\_\_

Date: Date

**Conflict of Interest Committee**

1204 Marie Mount Hall • 7814 Regents Drive • College Park, MD 20742 • 301-405-4212 • [coi@umd.edu](mailto:coi@umd.edu)

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Name: Name

Sign: \_\_\_\_\_

Date: Date

**Others on Project:**

Name: Name

Sign: \_\_\_\_\_

Date: Date

**Conflict of Interest Committee**

1204 Marie Mount Hall • 7814 Regents Drive • College Park, MD 20742 • 301-405-4212 • [coi@umd.edu](mailto:coi@umd.edu)

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**EMPLOYEE ACKNOWLEDGEMENT**

**General**

[Pick the date]

**KR Award #:** [Click here to enter text.](#)

**KR Award Title:** [Click here to enter text.](#)

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This document is to inform you of a potential conflict of interest regarding the Principal Investigator, Dr. NAME . Dr. NAME is the Principal Investigator on the award and has a conflict of interest due to his ownership of [Click here to enter text.](#) *\*State role in the Company\* \*State if IP has been licensed\**

To further mitigate any potential conflict of interest, [Click here to enter text.](#) If you have any concerns or issues relating to the conflict of interest, please contact either Professor NAME or Professor NAME, Chair, Department of [Click here to enter text.](#)

If you have any questions or concerns regarding the potential conflict of interest, please contact Conflict of Interest Administrator, Joseph Smith at 301-405-0678.

Please print and sign your name below to acknowledge that you have been informed of the potential conflict of interest and the mitigation plan in place.

[Click here to enter text.](#)\_\_\_\_\_

**PRINT NAME**

[Click here to enter text.](#)

**DATE**

\_\_\_\_\_

**SIGN NAME**

[Click here to enter text.](#)

**DATE**

**Conflict of Interest Committee**

1204 Marie Mount Hall • 7814 Regents Drive • College Park, MD 20742 • 301-405-4212 • [coi@umd.edu](mailto:coi@umd.edu)

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**EMPLOYEE ACKNOWLEDGEMENT**

**Spouses**

[Pick the date]

**KR Award #:** [Click here to enter text.](#)

**KR Award Title:** [Click here to enter text.](#)

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This document is to inform you of the appearance of conflict of interest regarding the Principal Investigator, Dr. NAME and Co-Investigator Dr. NAME. Drs. NAME and NAME are [e.g., married, domestic partners].

To further mitigate any potential conflict of interest, Drs. NAME and NAME are both responsible for the design, conduct and reporting of the research and do not report to each other. If you have any concerns or issues relating to the conflict of interest, please contact either Professor NAME or Professor NAME, Department of NAME.

If you have any questions or concerns regarding the potential conflict of interest, please contact Conflict of Interest Administrator, Joseph Smith at 301-405-0678.

Please print and sign your name below to acknowledge that you have been informed of the potential conflict of interest and the mitigation plan in place.

[Click here to enter text.](#)\_\_\_\_\_

**PRINT NAME**

[Click here to enter text.](#)\_\_\_\_\_

**DATE**

\_\_\_\_\_

**SIGN NAME**

[Click here to enter text.](#)\_\_\_\_\_

**DATE**