



FLORIDA A&M UNIVERSITY
**OFFICE OF COMPLIANCE
AND ETHICS**

Program Activities and Updates

June 2021



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Where We Are Now

The Office of Compliance and Ethics continues working with University partners to identify and manage compliance risks throughout the University.

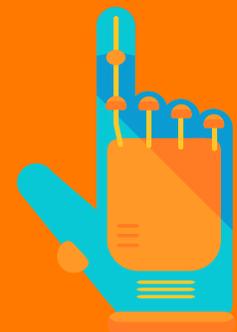
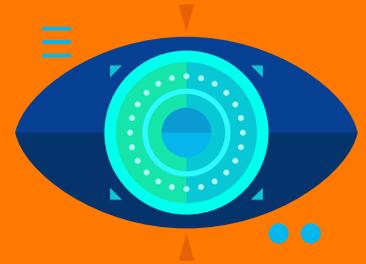
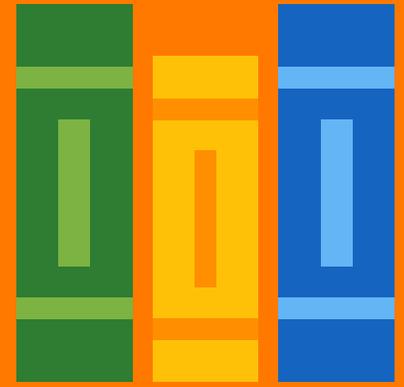
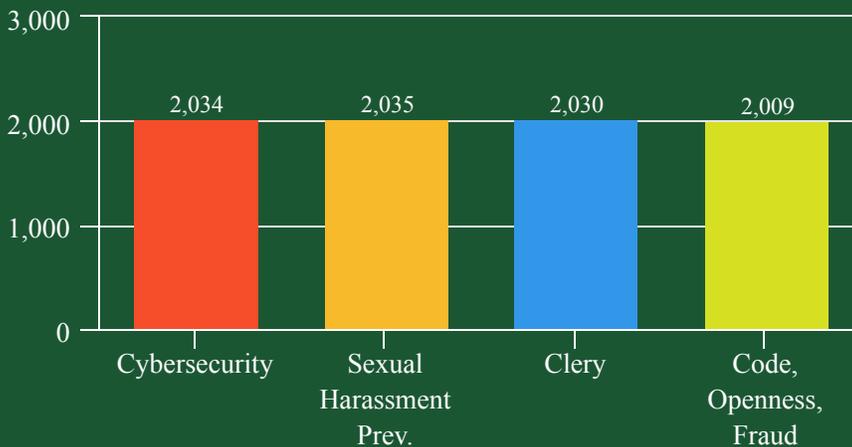
FAMU Fundamentals

One of the core components of compliance and ethics is training and education. Members of the University community must understand University expectations and the bases for those expectations. Our compliance and ethics training is mandatory for University employees and select student employees. In our second year, the training has been renamed, "FAMU Fundamentals."

FAMU Fundamentals was composed of four modules:

- Cybersecurity
- Sexual Harassment Prevention and Title IX
- Clery
- The Code of Conduct, Openness, and Fraud

Communication began in November 2020, with the start of Compliance and Ethics Week. The training was administered from March 1-31. The total audience was 2,584. Completion numbers are below:



BOT Governance Series

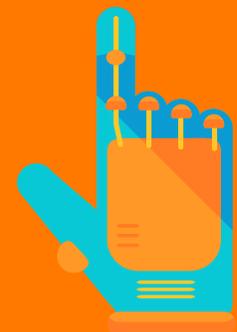
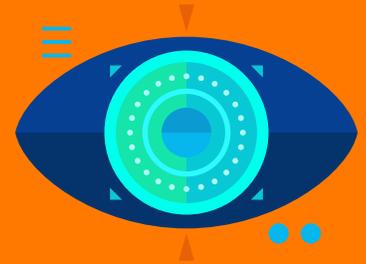
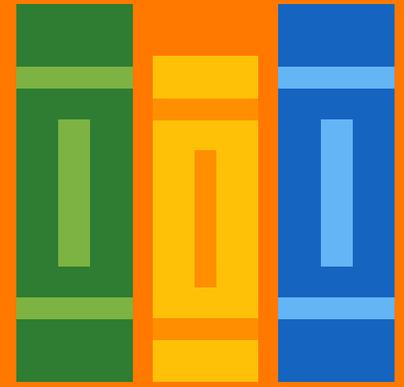
As members of the board, it is critical that you have the tools to carry out your duties. University units such as the Office of General Counsel, the Office of Compliance and Ethics, and the Division of Audit have coordinated to provide you with a wide range of information, from compliance and ethics and open meetings, to Florida higher education structures and processes. We developed the concept of a "Governance Series," a collection of completely online trainings. These modules have been administered through Qualtrics.

These modules include audio supplemented slides and a list of resources. The online nature of the training allows you to take it at your own pace and hear expanded explanation.

The Governance Series has administered two modules so far:

- Compliance and Ethics
- SUS/FAMU Governance

Distribution of the Compliance and Ethics module began in November 2020, coinciding with Compliance and Ethics Week. The SUS/FAMU Governance module was released in January 2021. Completion numbers are below:



EXTERNAL REVIEW

The State University System of Florida Board of Governors’ Regulation 4.003(7)(c) requires an external review of all Florida state universities’ institutional compliance programs at least once every five years. In accordance with this regulation, we engaged Huron Consulting Group to conduct an external evaluation of FAMU’s Compliance and Ethics Program (“Program”). This assessment reviewed the Program’s design, effectiveness, and consistency with applicable Board of Governors and university regulations, professional standards, and best practices.

EXTERNAL REVIEW: INSIGHTS

Huron's evaluation informed our understanding of the Program's strengths and areas for improvement in support of our goal for an effective Program that advances FAMU mission and enables our culture. The University has made great progress facilitating a compliant and ethical environment across the various organizational divisions and units.

"Within a few short years, the Program has successfully built and established all the elements of an effective compliance program."

130+ Documents Reviewed

27 Interviews Conducted

55+ Points of Evaluation

Focus Areas Ahead



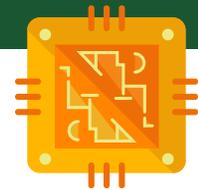
Resources

The program must have appropriate resources to scale up the program to increase monitoring coverage and outreach.



Policy Centralization

Coordinate with appropriate offices to update and centralize policies and regulations for ease of use and access.



Technology

Leverage technology to maintain a web presence and support auditing and monitoring functions, data analytics and comprehensive compliance case management.



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

COMPLIANCE AND ETHICS
PROGRAM REVIEW
MAY 2021

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Executive Summary

PROJECT OVERVIEW

Florida Agricultural and Mechanical University (“FAMU”) engaged Huron Consulting Group (“Huron”) to conduct a 5-year requirement set by the State University System of Florida (“SUS”) Board of Governors (“BOG”) to assess the FAMU Compliance Program (“Program”) and inform the BOG of the Program’s conformance. Huron evaluated the Program in accordance with the State of Florida BOG Regulations 4.003. Huron’s approach was designed with consideration for the U.S. Federal Sentencing Guidelines, applicable DOJ Principles, and our experience with the compliance programs of universities across the United States.

Assessment Rating Scale

A scale of three ratings was used in assessing each BOG-provided category and area of the program review:

- Generally Conforms (GC)** The assessor has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the Board of Governors Regulation 4.003 in all material aspects.
- Partially Conforms (PC)** Deficiencies in practice are noted that are judged to deviate from authoritative sources, but these deficiencies did not preclude the compliance activity from performing its responsibilities in an acceptable manner.
- Does Not Conform (DNC)** Deficiencies in practice are judged to be so significant as to seriously impair or preclude the compliance activity from performing adequately in all or in significant areas of its responsibilities.

FAMU PROGRAM OVERVIEW

In In 2018, FAMU appointed its first Chief Compliance and Ethics Officer (“CCEO”), and on July 1, 2019, the Division of Audit and Compliance integrated functions split into two separate offices, operationalizing the formation of the Office of Compliance and Ethics which oversees the Program. In the few years since its inception, the Program has successfully established the foundation for an effective compliance program and continues to cultivate a culture of compliance in alignment with University’s mission.

The Program has appropriate governance and oversight by both the BOT and the Audit and Compliance Committee. Members of the Board of Trustees are actively engaged with the Program, and there is clear governance and oversight responsibility outlined in Audit and Compliance Committee Charter. However, the Office of Compliance and Ethics’ charter expressly mandates the independence and authority of the CCEO alignment with state regulations.

The CCEO has prioritized and fostered a culture of transparency and open lines of communication with not only the BOT and executive leadership, but also its compliance partners and the larger FAMU community.

CONFORMANCE

Throughout the documentation review and interviews, it is apparent that communication, transparency, and collaboration of the Program are valued and implemented regularly as part of the FAMU culture. The Office of Compliance and Ethics (“OCE”) leveraged this culture and the support of executive leadership to develop a Program at FAMU that generally conforms to the BOG standards. Within a few short years, the Program has successfully built and established all the elements of an effective compliance program. FAMU has the opportunity to continue implementation of these elements by investing in the Compliance and Ethics Office with resources and technology to further establish the “culture of compliance” at the institution.

SELECT OBSERVATIONS AND RECOMMENDATIONS

Observations	Recommendations
Governance and High-Level Oversight	
<ul style="list-style-type: none"> • The CCEO has established open lines of communication with the President and executive leadership. • The Enterprise Compliance Committee and associated working groups serve as effective Compliance Partners for the Program. • The Program strategically partnered with the Faculty Senate to reinforce of culture of compliance among faculty members. • Additional Program resources are needed not only to manage established programmatic functions, but also to offset additional scopes of responsibilities. 	<ul style="list-style-type: none"> • Invest in additional resources to support the Program in executing its programmatic responsibility while continuing to grow and develop the Program so that the Program is aligned with FAMU risk tolerance.
Policies and Standard of Conduct	
<ul style="list-style-type: none"> • Within a few short years, the Program has successfully built and established all the elements of an effective compliance program. • In accordance and alignment with state and federal regulations and professional standards, the University has established guidance and procedures to promote ethical and compliant conduct while preventing and detecting misconduct. • While Program related policies and procedures have been developed and implemented, these documents are not stored in one system or centralized location. 	<ul style="list-style-type: none"> • Centralize the storage and accessibility of all Program policies, procedure, codes of conduct, and other relevant regulatory documents. • Publish all Program policies and procedures in a central repository on an intranet site accessible to the FAMU community.

Observations	Recommendations
Open Communication and Reporting	
<ul style="list-style-type: none"> The Program has an established reputation of openness and accessibility throughout the University. The Program has developed innovative ways to engage the larger FAMU community in matters of Compliance and Ethics. 	
Training and Education	
<ul style="list-style-type: none"> The Program has successfully established and implemented a consistent cadence to annual mandatory trainings, providing employees with necessary structure. Members of the Board of Trustees are appropriately engaged with the Program; however, clarity is needed to further establish scope and responsibilities of the Program. 	<ul style="list-style-type: none"> Develop and implement subject-matter focused compliance training for identified stakeholders. Provide the Board of Trustees with supplemental trainings to clarify and outline and the scope of the Program.
Auditing and Monitoring	
<ul style="list-style-type: none"> The Program has established a good rapport and working relationship with the Division of Audit. Once risks areas are identified, ECC working groups review identified compliance items and determine priority ranking for items to be monitored throughout the year. 	<ul style="list-style-type: none"> Continue establishing processes to provide guidance for risk owners to approach and manage risk within their departments, schools, or areas of the institution. Continue establishing clear roles and responsibilities for identified risk owners to create accountability for investigating and monitoring compliance within their areas.
Enforcing Standards and Addressing Known Issues	
<ul style="list-style-type: none"> The University demonstrates a top-down approach when establishing its culture of compliance. The University has appropriate policies and processes in place to facilitate meeting its compliance obligations. Employee enforcement actions are inconsistently applied across the University. 	<ul style="list-style-type: none"> Develop policy and procedures to coordinate, streamline, and standardize employee enforcement actions processes based on employee types.

Project Overview

BACKGROUND AND OBJECTIVES

Florida Agricultural and Mechanical University (“FAMU”) engaged Huron Consulting Group (“Huron”) to conduct a 5-year requirement set by the State University System of Florida (“SUS”) Board of Governors (“BOG”) to assess the FAMU Compliance Program (“Program”) and inform the BOG of the Program’s conformance. Huron evaluated the Program in accordance with the State of Florida BOG Regulations 4.003. Huron’s approach was designed with consideration for the U.S. Federal Sentencing Guidelines, applicable DOJ Principles, and our experience with the compliance programs of universities across the United States.

The SUS BOG-provided checklist consisted of compliance program elements to assess the FAMU Program conformance. Huron used the following BOG checklist elements:

Governance and High-Level Oversight	• BOT, Audit and Compliance Committee, Chief Compliance Officer, Compliance Office, Senior Leadership and Compliance Partners, Program Effectiveness
Policies and Standard of Conduct	• Codes of Conduct (Employees and Students), Policies, Regulations, Laws
Open Communication and Reporting	• Open Lines of Communication, Reporting Expectations, Hotline, Non-Retaliation Policy
Training and Education	• BOT, Compliance Training / New Employee Orientation
Auditing and Monitoring	• Audits
Addressing Known or Potential Issues	• Issue Investigation, Remediation Corrective Action
Enforcing Standards	• Enforcement, Incentives and Disciplinary Measures, Background Checks / Exclusion Screening
Other	• Additional optional considerations provided by the BOG

There is no single, comprehensive set of “best practices” as it relates to University compliance programs; however, various state and federal agencies at a minimum define seven elements of an effective compliance program.

1. Implementing written policies, procedures, and standards of conduct
2. Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. Developing effective lines of communication
5. Conducting internal monitoring and auditing
6. Enforcing standards through well-publicized disciplinary guidelines
7. Responding promptly to detected offenses and undertaking corrective action

We included an eighth element as well – Defining Clear Roles and Responsibilities – which was released by the OIG as part of its research-specific draft guidance related to Public Health Service (“PHS”) awards and effective compliance programs and updated the seven elements to eight elements of an effective compliance program (“eight elements”). This element is a valuable addition to assessing a compliance program as clearly defined roles and responsibilities between the formal Office of Compliance and Ethics (“OCE”) and other FAMU business units and academic departments are critical to ensuring successful risk mitigation at FAMU. The BOG provided elements are similar to the elements of an effective compliance program and, with the incorporation of roles and responsibilities, served to inform the conformance rating and recommendations for the compliance infrastructure at FAMU. Each of the BOG program elements (including roles and responsibilities) were assessed individually, as well as how the elements work together.

PROJECT APPROACH

Huron’s evaluation approach involved both documentation review¹ and selective interviews² to ultimately evaluate the conformance of the Program:



Assessment Rating Scale

A scale of three ratings was used in assessing each BOG provided category and area of the program review:

<div style="background-color: #4CAF50; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Generally Conforms (GC)</div>	<p>The assessor has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the Board of Governors Regulation 4.003 in all material aspects.</p>
<div style="background-color: #FFC107; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Partially Conforms (PC)</div>	<p>Deficiencies in practice are noted that are judged to deviate from authoritative sources, but these deficiencies did not preclude the compliance activity from performing its responsibilities in an acceptable manner.</p>
<div style="background-color: #F44336; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Does Not Conform (DNC)</div>	<p>Deficiencies in practice are judged to be so significant as to seriously impair or preclude the compliance activity from performing adequately in all or in significant areas of its responsibilities.</p>

Huron rated FAMU regarding the (1) compliance program and (2) each granular question provided in the BOG checklist. High-level recommendations are provided in this report to the BOG and FAMU leadership based on the BOG checklist and eight elements, regardless of conformance rating (e.g., If a compliance element is rated as GC, recommendations are still provided regardless of the highest rating on the scale).

Conformance

FAMU COMPLIANCE PROGRAM CONFORMANCE

FAMU appointed its Chief Compliance and Ethics Officer (“CCEO”) in 2018 and formally established the Office of Compliance and Ethics in 2019 through the separation of compliance functions from the Division of Audit. The CCEO is responsible for:

- The ongoing development and implementation of the overall program,
- Maintaining related institutional policy and procedure,
- Providing a compliance resource to departments for varying needs,
- Triaging the compliance hotline,
- Addressing identified or potential issues requiring investigation,
- Conducting the annual mandatory FAMU compliance training, and
- Managing the emergency response measures regarding the pandemic.

The CCEO reports directly to the University President and to the FAMU Board of Trustees (“BOT”). The FAMU Compliance Office consists of three direct reports:

- Compliance Coordinator,
- Associate Athletic Director for Compliance and Diversity (shared reporting to the FAMU Athletic Director), and
- Grants Compliance Coordinator (shared reporting to the Vice President of Research).

In addition to the compliance office, the CCEO identified and leveraged Institutional Compliance Partners by involving these partners in the Enterprise Compliance Committee (“ECC”) to improve Program oversight and assign compliance risks to operational working groups under the ECC. Areas or departments identified as higher risk meet in a working group with the Compliance Officer on a more frequent cadence (i.e., once per week), to ensure oversight and minimization of the identified potential institutional risk. FAMU Institutional Compliance Partners are identified as:

- Director of Athletics,
- General Counsel,
- President,
- Provost and VP Academic Affairs,
- VP Finance and Administration,
- VP Research, and
- VP Student Affairs/President.

The Program is accountable to the President, senior leadership, and the BOT and has the autonomy to conduct investigations retrospectively or proactively, provide corrective action recommendations, and monitor the plan of corrective action.

Throughout the documentation review and interviews, it is apparent that communication, transparency, and collaboration of the Program are valued and implemented regularly as part of the FAMU culture. The compliance office leveraged this culture and the support of executive leadership to efficiently develop the eight elements of the Program at FAMU and to generally conform to the BOG standards. Within a few short years, the Program has successfully built and established all the elements of an effective compliance program. FAMU has the opportunity to continue implementation of these elements by investing in the Compliance and Ethics Office with resources and technology to further establish the “culture of compliance” at the institution.

Observations and Findings

For the purposes of this report, observations and findings identified below provide a high-level overview of key themes identified during the review and categorized based on the BOG provided Effectiveness Survey Tool (“Survey Tool”). In some instances, observations associated with multiple assessment categories outlined in the Survey Tool are combined and consolidated below. The numerical system used in this report is separate from the numerical system of the Survey Tool. Additional detail in response to each effectiveness survey question is outlined in the supplemental Effectiveness Survey Tool in conjunction with this report.

GOVERNANCE AND HIGH-LEVEL OVERSIGHT

 <p>Board of Trustees</p> <p>Rating: GC</p>	<ol style="list-style-type: none"> 1. Members of the Board of Trustees are appropriately engaged with the Program; however, clarity is needed to further establish scope and responsibilities of the Program. <ul style="list-style-type: none"> • There are documents for training however there is a disconnect between members as to the frequency and adequacy and scope of training. • The Program completes onboarding for new board members providing a detailed view of the mission and objectives of the Program, the Code of Conduct, as well as a comprehensive overview of the duties and responsibilities of Board members. 2. Board of Trustees lacks processes to following up on corrective actions for identified risk areas. <ul style="list-style-type: none"> • While the Program successfully identifies and frequently reports identified risk areas to the Board, the Board lacks insight into Program processes and tools utilized to address and remedy identified risk areas.
 <p>Audit and Compliance Committee</p> <p>Rating: GC</p>	<ol style="list-style-type: none"> 3. There is clear governance and oversight responsibility outlined in Audit and Compliance Committee Charter. <ul style="list-style-type: none"> • The University ensures that charters explicitly stipulate governance oversight provisions for the Program. <ul style="list-style-type: none"> • In part, the Audit and Compliance Committee are charged with assisting the Board of Trustees in executing its oversight responsibilities regarding the University’s process for monitoring compliance with laws and regulations.



Chief
Compliance Officer /
Compliance Office

Rating: GC

4. The Office of Compliance and Ethics Charter expressly mandates the independence and authority of the CCEO.
 - As the Program reports directly to the President and operates independently of the Division of Audit and Office of General Counsel, both functionally and operationally, the CCEO maintains independence and objectivity to perform the responsibilities required.
 - The CCEO and General Counsel maintain an understanding that both offices are not siloed, as compliance matters may also hold legal implications for the University. However, both parties also maintain clarity as to their distinct roles and respect the responsibility and position the other plays.
5. The current version of the FAMU organizational chart published on the FAMU website reflects partial reporting structure between the CCEO and executive leadership.
 - The current version of the organizational chart includes the CCEO position with a direct line of reporting to the President; however, a reporting relationship line with the BOT is not included, which does not reflect the current process of the CCEO reporting to the President and the BOT.
 - There are two FAMU organizational charts published on the website and the most current version is not easily obtainable causing potential confusion regarding the source of truth for the FAMU organizational structure.
6. The CCEO has established open lines of communication with the President and executive leadership.
 - The President and the CCEO are in direct communication and communicate frequently both formally and informally. Should barriers or concerns arise, the CCEO is able to communicate them directly to the President for assistance.
7. Additional Program resources are needed to not only to manage established programmatic functions, but also to offset additional scopes of responsibilities.
 - In response to the COVID-19 pandemic, the COVID Operational Continuity Task Force added additional responsibility for the Program to lead and manage without additional resources to support the additional scope of work. Additionally, it is expected that the CCEO will remain in this position until an alternate crisis manager is hired.
 - Due to the expanded scope of the CCEO's internal responsibilities, coupled with the increased external enforcement activity in the industry and the expansion of compliance requirements set forth in state and federal regulations, the Program is not well positioned to maintain compliance oversight without additional resources.
 - The Program stands to benefit from investments in technology to support the Program's growth and development, along with appropriate personnel to support the investment.
 - Additional and appropriate investments in the Program will serve to support the overall risk averse tolerance levels of the University.

 <p>Senior Leadership Compliance Partners</p> <p>Rating: GC</p>	<p>8. The Enterprise Compliance Committee and associated working groups serve as effective Compliance Partners for the Program.</p> <ul style="list-style-type: none"> Executive and non-executive leaders from across the University are members of the committee alongside the CCEO providing valuable insight and service to programmatic objectives. <p>9. Program personnel are comprised of subject matter experts to support the CCEO and programmatic objectives.</p> <ul style="list-style-type: none"> The CCEO has two direct reports from the athletic program and sponsored projects program, respectively. As these direct reports are representatives of two heavily regulated fields, the Program is able to leverage their subject matter expertise to facilitate establishing a culture of compliance across the University. <p>10. The Program strategically partnered with the Faculty Senate to reinforce of culture of compliance among faculty members.</p> <ul style="list-style-type: none"> The CCEO periodically meets with faculty members to provide training and address specific compliance and ethics related issues identified by faculty. Faculty note the value and intentionality of the Program in ensuring that not only are compliance requirements met, but also providing valuable education and clarity as to importance of their compliance requirements.
 <p>Compliance Program and Effectiveness</p> <p>Rating: GC</p>	<p>11. It was noted by executive leadership that the Program has effectively shifted the University's culture of compliance from one that is implicit to explicit.</p> <ul style="list-style-type: none"> The CCEO has effectively established her position and presence, and that of the Program, across the University. The Program highlights the importance of ethical conduct through its Compliance Week initiative and subsequent mandatory training and educational programming to engage the larger University community. The Program is very intentional to keep Board of Trustees members informed and actively involved through regular communication and report submissions. The Program has instituted and manages various Program related compliance committees, represented by key stakeholders across the University.

POLICIES AND STANDARD OF CONDUCT

 <p>Codes of Conduct (Employees and Students)</p> <p>Rating: GC</p>	<p>12. Within a few short years, the Program has successfully built and established all the elements of an effective compliance program.</p> <ul style="list-style-type: none"> Compliance partners across the University note the dedicated work of the Program in moving the University from a culture of implicit compliance to that of explicit compliance.
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	<p>13. The Code of Conduct is incorporated into the Program’s mandatory compliance training curriculum applicable to employees, staff, and student. Provisions detailing the requirement to complete mandatory Compliance and Ethics training have been submitted for Board approval to be incorporated into the Code of Conduct.</p> <ul style="list-style-type: none"> • In addition to the requirement for cybersecurity and systems trainings as well as reporting structures, specific provisions mandating Compliance and Ethics training will also be incorporated into the Code.
<div style="text-align: center;">  <p><i>Policies, Regulations, Laws</i></p> <p>Rating: GC</p> </div>	<p>14. In accordance and alignment with state and federal regulations and professional standards, the University has established guidance and procedures to promote ethical and compliant conduct while preventing and detecting misconduct.</p> <ul style="list-style-type: none"> • The Compliance and Ethics Charter explicitly outlines and sets forth the objectives, scope, authority, and responsibilities of the Program and Program personnel, while also ensuring appropriate organizational oversight. • The Code of Conduct establishes clear standards, expectations, and guidance for University employees, Board members, students, affiliates, and business partners in conformance with state and federal regulations. <p>15. While Program related policies and procedures have been developed and implemented, these documents are not stored in one system or centralized location.</p> <ul style="list-style-type: none"> • Variations in storage locations increases difficulty in monitoring the ongoing review and revision of these documents to ensure they reflect current process updates.

OPEN COMMUNICATION AND REPORTING

<div style="text-align: center;">  <p><i>Open Lines of Communication</i></p> <p>Rating: GC</p> </div>	<p>16. The Program has an established reputation of openness and accessibility throughout the University.</p> <ul style="list-style-type: none"> • Representatives from across the University consistently applauded the Program's open line of communication, accessibility, and the frequent cadence of their direct communication with the CCEO. <p>17. The Program has developed innovative ways to engage the larger FAMU community in matters of Compliance and Ethics.</p> <ul style="list-style-type: none"> • The 'Compliance Week' initiative and associated marketing campaign was implemented to kick off the compliance training program schedule, provided important training details (i.e., dates and locations, content subject matter, and applicability) and additional Program resources to FAMU community.
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	<p>18. The Program provides frequent reports and other communications to executive leadership and the Board of Trustees.</p> <ul style="list-style-type: none"> As the Program reports functionally to the Board of Trustees and administratively to the President, the Program frequently submits reports to both parties for review and consideration and provides targets Program resources and materials to facilitate their efforts to fulfill their Program responsibilities.
 <p><i>Reporting Expectations, Hotline, Non-Retaliation Policy</i></p> <p>Rating: GC</p>	<p>19. The FAMU Compliance and Ethics Hotline is easily accessible and well publicized.</p> <ul style="list-style-type: none"> The Hotline can be accessed through the Audit and Compliance website and is also prominently detailed in policy and procedure documents as well as through training and education efforts. <p>20. While the Compliance and Ethics Hotline is primarily managed by the Program but shares the responsibility of triaging claims with Audit and General Counsel.</p> <ul style="list-style-type: none"> The Division of Audit still maintains responsibility for identifying and determining whistleblower claims.

TRAINING AND EDUCATION

 <p><i>Board of Trustees Training</i></p> <p>Rating: GC</p>	<p>21. While new Board members receive introductory training and training resources, there is a discrepancy among Board members as to the adequacy of subsequent annual trainings.</p> <ul style="list-style-type: none"> Documentation supports consistent and thorough introductory training of new Board members. While some Board members note their satisfaction with the level of training provided through Board retreats and use of online training platforms inclusive of multiple training modules, others noted the lack of consistency and frequency in Board training.
 <p><i>Compliance Training / New Employee</i></p> <p>Rating: GC</p>	<p>22. The Program has successfully established and implemented a consistent cadence to annual mandatory trainings, providing employees with necessary structure.</p> <ul style="list-style-type: none"> The program's implementation and marketing of its 'Compliance Week' initiative serves as the hallmark event commencing the mandatory training schedule, providing employees with key resources and dates while setting expectations. Numerous communications and reminders from the Program are distributed to employees throughout the training schedule to reiterate the requirement and importance of completing identified mandatory trainings. <p>23. The University's Code of Conduct does not speak to the importance and mandate to complete Compliance and Ethics training.</p> <ul style="list-style-type: none"> Training on the Code of Conduct is incorporated into the Program's mandatory online training, providing a detailed overview of the Code's provisions. While Code of Conduct speaks to the importance and mandate for the completion of cybersecurity and systems trainings, the mandate for Compliance and Ethics trainings is noticeably absent.

	<p>24. Completion rates of mandatory Compliance and Ethics trainings among faculty, staff, and executive leadership is estimated at ~80% compliance rate.</p> <ul style="list-style-type: none"> Although training monitoring software and home-grown resources to track training attendance and completions are available and utilized by the Program, additional emphasis should focus on investigating and enforcing consequences for instances of noncompliance.
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AUDITING AND MONITORING

 <p>Audits and Issue Investigations</p> <p style="background-color: #90EE90; border: 1px solid #008000; border-radius: 10px; padding: 5px; display: inline-block;">Rating: GC</p>	<p>25. The Program has established a good rapport and working relationship with the Division of Audit.</p> <ul style="list-style-type: none"> The two units work closely and partner together to complete thorough investigations, submit joint reports to the Board, coordinate on policy and procedure review, and trainings, although no associated formalized process document currently exists. While the Compliance and Ethics Hotline is primarily managed by the Program, Audit maintains responsibility to determine whistleblower actions in accordance with BOG regulations. <p>26. The Program completes annual risk assessments to facilitate the identification and development of programmatic goals and workplans.</p> <ul style="list-style-type: none"> Weighing both the impact and likelihood of occurrence to determine the associated risk score, risk areas across the University are readily assessed and identified. While the Program has made great strides in their ability to gather necessary information, the Program lacks the ability to leverage data analytics to monitor risk assessment metrics more closely. Once risk areas are identified, ECC working groups review identified compliance items and determine priority rankings for items to be monitored throughout the year. <ul style="list-style-type: none"> Working groups are provided with action and monitoring plan templates to help identify tasks and areas of focus. Working groups' progress is subsequently viewed during ECC committee meetings. OCE has the opportunity to improve and increase proactive monitoring of all institutional areas; however, the lack of resources dedicated to the Program limits the ability to increase their scope. <p>27. The Program and the Division of Audit consistently provides Board members and executive leadership with joint compliance and audit reports, to ensure transparency and executive leadership involvement.</p> <ul style="list-style-type: none"> Reports provide extensive review of contextual and background facts, regulatory support, findings, and remediation recommendations.
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ENFORCING STANDARDS AND ADDRESSING KNOWN ISSUES

<div data-bbox="269 753 357 835" data-label="Image"> </div> <div data-bbox="220 856 406 1008" data-label="Text"> <p>Enforcement, Incentives, Disciplinary Measures, and Remediation Corrective Action</p> </div> <div data-bbox="190 1024 431 1092" data-label="Text"> <p>Rating: GC</p> </div>	<p>28. The University demonstrates a top-down approach when establishing its culture of compliance.</p> <ul style="list-style-type: none"> • There is significant leadership buy-in, at both the executive leadership and Board of Trustees levels, that aims to prioritize and promote the necessity and value of the Program. <p>29. The Board of Trustees implemented the University's <i>Fraud Prevention and Detection</i> policy.</p> <ul style="list-style-type: none"> • The policy was drafted in accordance and alignment with the Florida Board of Governor Regulations 4.001 and 4.002, Florida Statutes 1010.01, 11.45(1) and Florida Statutes Chapter 112, Part 3. • The policy is thorough, and its applicability is wide ranging to all individuals associated, in business with, or affiliated with the University. <p>30. The Program strategically coordinates with compliance partners across the University to determine and implement disciplinary and corrective actions when necessary.</p> <ul style="list-style-type: none"> • The Program, in conjunction with the Division of Audit, makes recommendations as to disciplinary and corrective actions in instances of criminal conduct or noncompliance. <ul style="list-style-type: none"> • Investigations are triaged and managed administratively by the Program, and subsequently referred to the FAMU Department of Campus Safety and Security (FAMU Police) when instances of criminal conduct are identified. • Once disciplinary and corrective actions have been determined and finalized, the Program coordinates with Human Resources to implement employee related measures. • Human Resources is also leveraged to make relevant corresponding adjustments to educational and training programming. <p>31. Employee enforcement actions are inconsistently applied across the University.</p> <ul style="list-style-type: none"> • The lack of consistent application is attributed to conflicting practices between (1) departments, (2) an individual's participation in a union, and (3) the individual's tenure at the institution.
<div data-bbox="269 1598 357 1686" data-label="Image"> </div> <div data-bbox="199 1705 427 1759" data-label="Text"> <p>Background Checks / Exclusion Screening</p> </div> <div data-bbox="190 1776 431 1843" data-label="Text"> <p>Rating: GC</p> </div>	<p>32. The University has appropriate policies and processes in place to facilitate meeting its compliance obligations.</p> <ul style="list-style-type: none"> • Dedicated Employee Background Screening and Fingerprinting policy exists that outlines screening processes for incoming candidates and current employees, reporting procedures. • The Sponsored Program and Technology Transfer offices utilize Visual Compliance software to complete exclusionary screenings and ensure compliance requirements are met.

Recommendations

MATTERS FOR CONSIDERATION FOR EXECUTIVE MANAGEMENT AND BOT AUDIT AND COMPLIANCE COMMITTEE

The provision of additional personnel and technological resources will provide the Program with tangible support to comprehensively execute and uphold Programmatic responsibilities and requirements.

 <p>Resources</p>	<ol style="list-style-type: none"> 1. To align with the University’s risk averse tolerance level, invest in additional resources to support Program personnel in executing its programmatic responsibility while continuing to grow and develop the Program. <ul style="list-style-type: none"> • As an alternative to hiring additional Program FTEs, consider interim resourcing opportunities, or outsourcing parts of the Program’s functions and tasks (e.g., investigations, trainings, reports). • Leverage resources in other departments to assign compliance responsibilities. • Onboard graduate students to provide administrative assistance to the Program.
 <p>Technology</p>	<ol style="list-style-type: none"> 2. The Program stands to benefit from investment in technology to facilitate the production of Program-related reporting metrics. <ul style="list-style-type: none"> • Technological upgrades and advancements are needed to support auditing and monitoring functions, data analytics and comprehensive compliance case management, as well as provide more efficient training platforms and reporting.

MATTERS FOR CONSIDERATION FOR CHIEF COMPLIANCE OFFICER

The Program is positioned for further growth and progression by developing and offering additional subject matter-focused trainings, prioritizing the centralization of Program policies and procedures to ensure accessibility, while also reviewing polices to ensure accuracy. Establishing enforcement actions policies and procedures will facilitate equal application across the University in instances of misconduct, noncompliance, recurring noncompliance, or other associated infractions.

 <p>Chief Compliance Officer / Compliance Office</p>	<ol style="list-style-type: none"> 4. Update and publish the University’s organizational structure. <ul style="list-style-type: none"> • Revise organizational structure to reflect current reporting structures and processes. • Publish revised organization chart on the public facing FAMU website.
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Compliance Training

5. Consider developing and implementing subject-matter focused compliance training for identified stakeholders.
 - Partner with the Technology Transfer and Export Control Office to provide faculty with export controls compliance training to facilitate their knowledge of the circumstances that should trigger the involvement of the technology transfer and export control office.
 - Establish a recurring cadence to faculty focused compliance trainings in partnership with the faculty senate.
6. Provide the Board of Trustees with supplemental trainings to clarify and outline and the scope of the Program.
 - Trainings should focus on roles and responsibilities, focusing on the types of information they should be reviewing to ensure appropriate oversight (e.g., trends in enforcement actions and significant allegations within the industry), as well as evolving risks (e.g., foreign influence, student vaccine mandates, etc.).



**Policies, Regulations,
Laws**

7. Centralize the storage and accessibility of all Program policies, procedure, codes of conduct, and other relevant regulatory documents.
 - Publish all Program policies and procedures in a central repository on an intranet site accessible to the FAMU community.
8. Develop a process to ensure policies and procedures are regularly updated and made available to all employees, faculty, and staff, and included/referenced in training curriculum.
 - Partner with Division of Audit, General Counsel, and Human Resources to assist the various operational units in their development of process documents and workflow plans process documents workflow plans to clearly identify roles and responsibilities, associated tasks, frequency of review, and policy and procedure update.
 - Develop guidance to establish a cadence requiring operational units to review and update policies on a recurring basis (at least every two years, with high-risk policies being reviewed annually).
 - Include policy and procedure as a standing agenda item at Enterprise Compliance Committee and operational subcommittee meetings.
9. Partner with risk owners to develop a comprehensive inventory of policies and procedures and identify gaps for specific areas of risk (e.g., research, information technology, NCAA, etc.).

 <p><i>Audits and Issue Investigations</i></p>	<p>10. Continue establishing processes to provide guidance for risk owners to approach and manage risk within their departments, schools, or areas of the institution.</p> <ul style="list-style-type: none"> • Continue to establish clear roles and responsibilities for identified risk owners to create accountability for investigating and monitoring compliance within their areas. <p>11. In accordance with the Annual Compliance Plan, affirmatively charge risk owners with acting as stewards of compliance and integrity of their business activities and processes and coordinating with the Program.</p> <ul style="list-style-type: none"> • Specifically, task risk owners with embedding compliance controls in business processes, establishing workplans and reviewing results, performing independent monitoring procedures as needed, reporting on activities, and investigating incidents as assigned by the Enterprise Compliance Committee.
 <p><i>Enforcement</i></p>	<p>12. Develop policy and procedures to coordinate, streamline, and standardize employee enforcement actions processes based on employee types.</p> <ul style="list-style-type: none"> • Partner with the Division of Audit, General Counsel, and Human Resources to review and identify regulatory limitations surrounding each employee types (union v. non-union and collaborative agreements) and implement acceptable enforcement actions considering regulatory limitations.

Appendix A: Effectiveness Survey Tool

Huron provided conformance rating and evidence to support the assessment in the supplemental document accompanying with this report (including the Supporting Statements document).

Appendix B: Interview List

In evaluating the Program, Huron interviewed the following University leaders, compliance business partners and stakeholders. . Due to the COVID-19 pandemic, all interviews were conducted via video conference. Interviewees were interviewed either individually or concurrently where appropriate.

Name	Title
Dr. Alan Robertson	CFO and Vice President for Finance and Administration/CFO
Ann Marie Cavazos, J.D.	President of the University Faculty Senate, Board of Trustees Member, and Professor of Law
Carl E. Threatt	Lead Senior Auditor
Dr. Charles Weatherford	Vice President of Research
Deidre Melton	Director of Audit
Dr. Denise Wallace	Vice President and General Counsel
Glory Brown	Director of Sponsored Programs
Joseph Maleszewski	Vice President, Division of Audit
Joyce A. Ingram	Associate Vice President for Human Resources
Kentrell Kearney	Associate Athletic Director for Compliance and Diversity
Dr. Larry Robinson	President
LaTonya Baker	Compliance Coordinator
Dr. Maurice Edington	Provost/Vice President Academic Affairs
Nichole Murry	Director of University Budgets
Reis Alsberry	Director of Technology Transfer and Export Control
Rica Calhoun	Chief Compliance Officer
Robert Stoner	Interim Chief Information Security Officer
Ronald Henry	Associate Vice President & Chief Information Officer
Ruoxu Li	Senior IT and Data Analytics Auditor
Sandi M. Anderson	Director of Human Resources
Shanna Barber	Assistant Director for Organizational Development and Training
Terrisa Brown	Associate Director of Human Resources
Tevin Ray	Computer Applications Coordinator for Organizational Development and Training
Trustee Belvin Perry, Jr	Representative of the Board of Trustees Audit and Compliance Committee Member
Trustee Craig Reed	Representative of the Board of Trustees Audit and Compliance Committee and Chair of the Audit and Compliance Committee
Dr. William E. Hudson Jr.	Vice President of Student Affairs
William Knight	Senior Auditor

Appendix C: Document Request List

The following represents all document received and reviewed by Huron as part of the Compliance and Ethics Program Review. This includes documents received as part of Huron's original data request and suggested documents for review by the Board of Governors.

Document Title	Document Title
2018_4_23_RCalhoun_Compliance Plan.pdf	ODT Training Listing.pdf
2019 OCE Annual Report.pdf	sus training slide deck email.pdf
AACC September 2020 FINAL.pptx	SUS Training Slides 10.19.pptx
AACC September 2020_r.pdf	training tracking 1.pdf
board agenda and passage.pdf	Welcome Packet 2.2021.pdf
Board Approved Charter 6.2017.pdf	Welcome Packet BOT 2.2021.pdf
BOG Submission of Annual Report.pdf	Compliance Review-Athletics 9.2019 Combined.pdf
Bud Stat 2.19.20.pdf	Compliance Review-FAMU-2021-2-18.pdf
charter.pdf	Email Correspondence for Reports.pdf
committee agenda.pdf	FAMU 19-06-0003 (1).pdf
Compliance and Ethics Plan 2019-2020.pdf	FAMU 19-09-0002 email.pdf
Compliance and Ethics Program using official template 6.2018 (Calhoun Rica H.) to BOG.pptx	FAMU 19-09-0002 Report.pdf
ECC Meeting 12.2020 Agenda .pdf	FAMU 19-10-0006 Combined.pdf
ECC Meeting 12.2020 Minutes.pdf	FAMU 19-11-0002.pdf
ECC Meeting 3.2021 Agenda USE.docx	latinwo.pdf
ECC Meeting 3.2021 Minutes USE.pdf	Mandatory Compliance Training - 2.2020 (2).pdf
ECC Meeting 4.2.2020 agenda.pdf	Mandatory Compliance Training - Communication to Campus Community.pdf
ECC Meeting 7.2019 Agenda.doc	Memorandum Conflict of Interest University Regulation 10.122.pdf
ECC Meeting 7.2019 Meeting Notes.doc	Memorandum Re FAMU 20-02-0001.pdf
ECC Meeting 7.2020 Agenda.pdf	Policy on Policies.pdf
ECC Meeting 7.2020 Minutes.pdf	President's Leadership Team Communication 1.pdf
ECC Meeting 9.2019 Agenda.doc	President's Leadership Team Communication 2.pdf
ECC Meeting 9.2019 Minutes.pdf	President's Leadership Team Communication 3.pdf
ECC Meeting 9.2020 Agenda USE.pdf	Regulation_4.003_SUSComplianceandEthicsPrograms Training.pdf
ECC Meeting July 2020 Minutes.docx	Risk Assessment 2019-2020 2.xlsx
ECC Meeting July 2020 Minutes.pdf	Risk Assessment 2020-2021 USE.xlsx
ECC Meeting Minutes 7.2019.pdf	Risk Assessment 9.18.pdf
ECC meeting notes example.pdf	FAMU-2021-2-18 (FOLDER)
ECC Working Groups 20-21 Updated.pdf	AA 2.12.21.pdf
Enterprise Compliance Committee Charter.pdf	AA 3.16.pdf
FAMU Checklist Update 11.2018.pdf	AA Email thread.pdf
FAMULeadershipChart.pdf	Anthony Ananga Signed Statement.pdf
Goal Progress 2019-2020.pdf	Carucha Jones Nelson Signed Statement.pdf
Goal Progress 5.2019.pdf	CJNStatement.odt
Goal Progress 8.2019.pdf	Dean Taylor Signed Statement.pdf

Appendix C: Document Request List Cont.

The following represents all document received and reviewed by Huron as part of the Compliance and Ethics Program Review. This includes documents received as part of Huron's original data request and suggested documents for review by the Board of Governors.

Document Title	Document Title
Job Descriptions OCE.pdf	Dean Taylor.pdf
MEMORANDUM budget reconsideration request.pdf	Dev.pdf
OCE BSR gls8020_2610915.pdf	Investigation Report 3.11.21.docx
OCE Budget Request Narrative 2020-2021.pdf	Investigation Report-FAMU-2021-2-18 3.11.2021.docx
OCE Organizational Chart.pdf	Neil James Signed Statement.pdf
OCE-Budget Proposal 2019-20 (Calhoun Rica H.) adjusted ronica comments 2.pdf	neil.pdf
SUS Compliance Program Status Checklist Submission 5.23.18.pdf	Raymond Hix Signed Statement.pdf
AACC Charter 9.19.19.pdf	Raymond.pdf
FAMU 1.01 Investigative Manual.pdf	script aa.odt
OCE Investigative Standards 2020.pdf	Valerie Singleton Signed Statement.pdf
2020 Mandatory Training.pdf	Valerie Singleton.pdf
2021 mandatory training.pdf	Email for intake.pdf
Communication Plan for Mandatory Training Rollout.pdf	Email for Intake2.pdf
Compliance and Ethics Week 2020.pdf	EthicsPoint Incident Management 2.pdf
Compliance Brief-Reporting.pdf	EthicsPoint Incident Management.pdf
Compliance Brief-Working Remotely.pdf	EthicsPoint Incident Management3.pdf
Compliance Week Wrap Up.pdf	FAMU 19-06-0003 (1).pdf
Dubose BOT Welcome.pdf	FAMU 19-09-0002 Report.pdf
FAMU Fundamentals 2021 Final Compliance List 4.4.21.xlsx	FAMU 19-10-0006 Combined.pdf
FAMU Fundamentals 2021 training tracking and monitoring.pdf	FAMU 19-11-0002.pdf
famuprinting_20210312_182338.pdf	Graph.pdf
Harper BOT Welcome.pdf	Summary - Issue Type.csv
OCE Compliance and Ethics Week Kickoff and Welcome 2020 condensed.pdf	Tracker 11.16.2020.docx
ODT TRaining Announcement.pdf	Florida Agricultural and Mechanical University Board of Trustees Operating Procedures
Florida A&M University Organization Chart	Florida Agricultural and Mechanical University 1.019 University Code of Conduct.
BOT Governance Series: Compliance and Ethics	4.003 State University System Compliance and Ethics Programs
Florida Agricultural and Mechanical University Board of Trustees Policy: Fraud Prevention and Detection	Florida Agricultural and Mechanical University 1.019 University Code of Conduct
Regulation of Florida A&M University: Employee Background Screening and Fingerprinting	Florida Agricultural and Mechanical University Board of Trustees Policy: Enterprise Information Systems Security and Controls
10.119 Evaluations for Faculty, Administrative and Professional including the Executive Service, and University Support Personnel System Employees.	Admin Unit Goals showing supporting Objectives/Outcomes

Appendix C: Document Request List Cont.

The following represents all document received and reviewed by Huron as part of the Compliance and Ethics Program Review. This includes documents received as part of Huron's original data request and suggested documents for review by the Board of Governors.

Document Title	Document Title
External Fw_ Huron COI--College of Engineering.msg	_External_ Fw_ SUS structure question.msg
11.4.2020 Draft Minutes SUS Consortium Meeting.docx	12.8.2020 - Draft Minutes SUS Consortium Meeting.ocx
3.30.21 - Draft Minutes SUS Consortium Meeting.docx	SUS Consortium Agenda 4.26.21.docx
Action and Monitoring Plan Template 20-21.docx	Risk Assessment 2020-2021.xlsx
Investigation Follow Up 3.2020.pdf	Compliance Partners Matrix 20-21.pdf



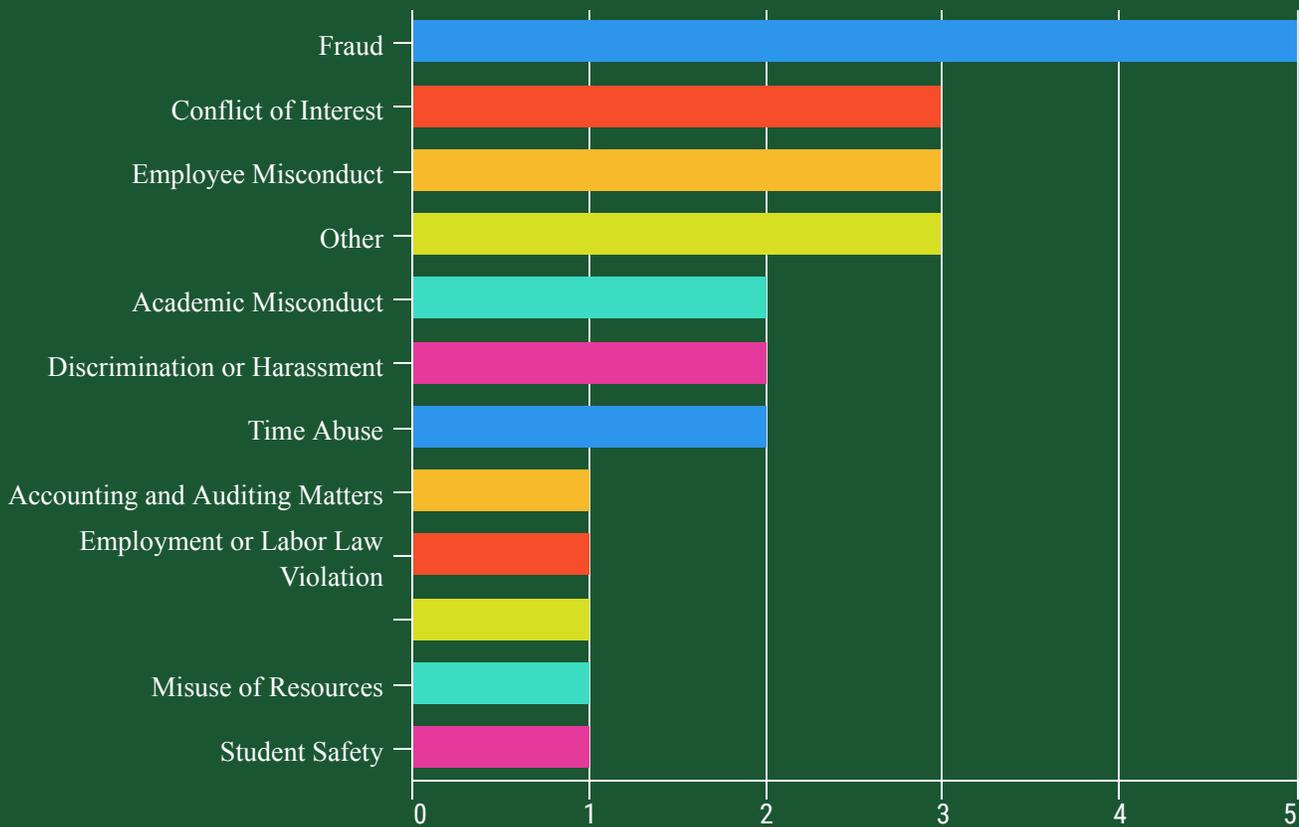
huronconsultinggroup.com



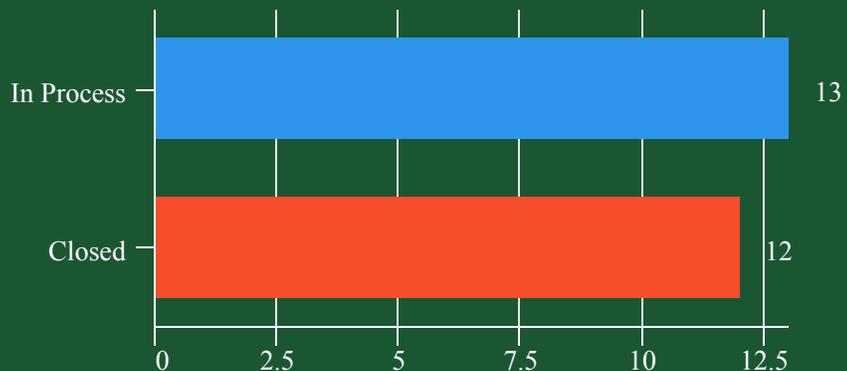
Investigative Update

OCE continues to manage the University's Compliance and Ethics Hotline and investigate or refer complaints, as appropriate. Triage is completed with the Division of Audit and the Offices of General Counsel, Equal Opportunity Programs and Human Resources to identify items for referral.

Issue Summary (25 cases)



● **Status Update**



Compliance Review and Follow-Up

OCE continues to work with compliance partners and University leadership to implement recommended strategies that mitigate compliance risks.

Recommendation	Risk	Owner	Status
Athletics: Travel improvements re: per diem (4)	Medium	VP and Athletic Director	In Progress
Academic Affairs: Conflict of Interest	Medium	Provost and Academic Vice President Maurice Edington	In Progress (July 1)
Registrar’s Office: Academic Advisement Module Training and Curriculum Validation Review (2)	Medium	Provost and Academic Vice President Maurice Edington	Met and Spot Checked 4/2021
School of Nursing: Grade Change Policy (4)	Low	Provost and Academic Vice President Maurice Edington	Met and Spot Checked 5/2021
Tenure and Promotion	Low	Provost and Academic Vice President Maurice Edington	In Progress



Disclosure Efficiency

Conflict of Interest

Academic Affairs Automation Streamlined
Foreign Influence Research

BOT 2005-14 Proposed Revision: Financial and Other Conflicts of Interest and Commitment Governing Research

BOT 2005-14 has been updated in the accompanying draft to address federal and state guidance regarding research security, reporting outside activities, financial interests, and other potential conflicts in research. The policy was reviewed and updated to maintain compliance with this guidance, including Florida Statutes Section 1012.977 and recently passed CS/HB 7017. The policy was drafted by the Enterprise Compliance Committee Research and Academic Affairs working group, with review from senior leadership, the Office of General Counsel and the Faculty Senate Steering Committee.

BOT 2005-14 provides an inquiry process to address non-disclosure, expands the normal follow-up process and streamlines disclosures and inquiries between the Divisions of Research and Academic Affairs through the Conflict of Interest Committee. This policy also highlights annual disclosure and the statutory requirement of a 60-day suspension without pay when researchers fail to disclose such outside activity or interests. The red line and incorporated drafts follow.



Florida Agricultural & Mechanical University
FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
Board of Trustees Policy

Board of Trustees Policy Number: 2005-14
Date of Adoption/Revision: June 30, 2005
Date of Revision: March 2021

Subject	Financial and Other Conflicts of Interest and Commitment Governing Research
Authority	PHS Regulations "Objectivity in Research" 42CFR; Part 50; 45CFR Part 94; the National Science Foundation Grant Policy Manual at Section 510 and the National Science Foundation regulations "The Investigator Financial Disclosure Policy" Fed. Reg. Vol. 60, No 132 p.3822-3823, July 1995; Sections 1004.22 and 1001.74, F.S. Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors; also known as the Financial Conflict of Interest, or FCOI, regulations (42 CFR Part 50 Subpart E and 45 CFR Part 94); DOE O 486.1 (6-13-Research/educational) Applicable to all Florida A&M University faculty, staff, students, and affiliates engaged in domestic and foreign research/academic activities which. This Policy also applies to individuals whose research/academic activities are performed, sponsored, or administered by Florida A&M University and. These individuals are applicable to all FAMU employees and students who are Investigators on sponsored projects at the University. referred to collectively as "University Personnel."
Applicability	Applicable to all Florida A&M University faculty, staff, students, and affiliates engaged in domestic and foreign research/academic activities which. This Policy also applies to individuals whose research/academic activities are performed, sponsored, or administered by Florida A&M University and. These individuals are applicable to all FAMU employees and students who are Investigators on sponsored projects at the University. referred to collectively as "University Personnel."

I. Policy Statement and Purpose

The purpose of this policy Research is to provide guidance to an important and vital part of the mission of Florida A&M University (University). The external sponsorship of research or similar commitments can result in the development of complex relationships between the University, its faculty, and staff responsible for compliance with Conflict of, and the external sponsor(s) who support specific programs. To assure that research conducted under the auspices of the University is always of the highest integrity, while being responsive to federal government regulations and other agencies (public or private), the University has developed this Policy on Financial and Other Conflicts of Interest. It is the policy of FAMU that any university employee and Commitments Governing Research.

Any University Personnel (including the employee's spouse and dependent children individual's immediate family) who is responsible for the design, conduct, or reporting of a research project/academic activity, regardless of whether such project is

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sponsored ~~Project or~~ implemented by funds awarded to the ~~university~~ University, must disclose ~~any commitment or significant financial interests (i) interest:~~

- that ~~would~~ may reasonably appear to be ~~affected by~~ affect the research or educational/academic activities funded or proposed for funding, or (ii)
- in entities whose financial interests ~~and commitment~~ would reasonably appear to be affected by such activities.

II. Definitions

- A. **Affiliates:** A compensated or uncompensated subcontractor, sub-recipient, consultant, or other third-party entity performing research services for the University under a written or verbal agreement.
- B. **Awarding Component:** The organizational unit of the agency that funds the research.
- C. **Conflict of Commitment:** Occurs when University Personnel engage in an Outside Activity, either paid or unpaid, that could interfere with their professional obligations to the University.
- D. **Conflict of Interest (COI):** Occurs when University Personnel's financial, professional, commercial or personal interests or activities outside of the University affects, or appears to affect, their professional judgement or obligations to the University.
- E. **Designated University Division:** The University President or designee shall assign the appropriate Division responsible for processes implicating sponsored research and all other research/academic activities under this policy.
- F. **Disclosure:** To provide relevant information about an individual's external commitments and financial interests to parties inside and outside the University to assure full awareness of potential conflicts and institutional efforts to address them. Disclosure must be sufficiently detailed, timely, accurate and not false, erroneous, misleading or incomplete.
- G. **Educational Activities:** Activities of educating or instructing that impart knowledge or skills.
- H. **Entity:** Any business, company, or other organization, whether public or private, domestic or foreign, including without limitation any partnership, corporation, limited liability corporation, unincorporated association, or other institution or organization, whether for-profit or not-for-profit.
- I. **Financial Conflict of Interest (FCOI):** A Significant Financial Interest that could directly and significantly affect the design, conduct, or reporting of funded research or activities.
- J. **Financial Conflict of Interest Report:** An institution's report of a financial conflict of interest to an Awarding Component.

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- K. **Financial Interest:** Anything of monetary value, other than that provided by the University, whether the value is readily ascertainable, including interests received from domestic and foreign entities.
- L. **Foreign Country of Concern:** Countries identified by Federal and State government to which particular consideration is given for policy reasons and may be subject to travel or other safety restrictions. Countries may appear on the sensitive country list for reasons including national security, nuclear nonproliferation, regional instability, threat to national economic security and/or terrorism support.
- M. **Foreign Entity:** Includes, but is not limited to, governments, universities, individuals, and public or private companies or organizations that are formed or based outside of the United States.
- N. **Foreign Talent Recruitment Program:** Any foreign state sponsored attempt to acquire U.S. funded scientific research through recruitment programs that target scientists, engineers, academics, researchers, and entrepreneurs of all nationalities working or educated in the United States.¹
- O. **Immediate Family:** Refers to the researcher's parents, siblings, spouse, children and any equivalent relatives by marriage. It also refers to any individual who resides on a regular basis in the researcher's domicile or meets the definition of a related person as defined in FAMU Board of Trustees Regulation 10.121.

II. Definitions

- P. **Investigator** means the: The project director or principal investigator, co-principal investigator, and any other person at the institution, regardless of title or position, who is responsible for the design, conduct or reporting of research or educational activities funded or proposed for such funding by an outside agency, which may include, for example, collaborators or consultants. This definition includes Project Director/Principal Investigator.
- Q. **Significant financial interest** means **Outside activity:** Includes anything University Personnel does for an entity or an individual, other than the University, that related to the University Personnel's expertise.
- R. **Other Support:** Any and *all* resources and affiliations made available to University Personnel in support of and/or related to all of their research endeavors, regardless of whether they have monetary value and regardless of whether they are based at the institution and the University Personnel identifies for the current grant. This may include:

 1. in-kind resources,
 2. financial support through grants, contracts, and other awards,
 3. positions and scientific appointments,
 4. selection to "talents" or similar-type programs, and
 5. "gifts" where items or funds are received with conditions attached or

¹ US Department of Energy, "DEPARTMENT OF ENERGY FOREIGN GOVERNMENT TALENT RECRUITMENT PROGRAMS," DOE O 486.1 (6-7-2019)

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BOT POLICY: <u>Conflicts of Interest</u>	POLICY NO: 2005-14	PAGE: 4 of 19 4 of 19
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— deliverables expected in return.

S. Project Director/Principal Investigator (PD/PI): A person designated as a project director or principal Investigator of a funded research project.

T. Research: Systematic investigation, study or experiment designed to develop or contribute to generalized knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic research, applied research, and product development. This also includes any such activity for which research funding is available from a funding source through a grant or cooperative agreement.

U. Researcher: Includes the PD/PI and all faculty and research staff members who will have responsibility for the design, conduct of the research, and as the dissemination of its results.

V. Significant Financial Interest (SFI): Refers to anything of monetary value exceeding \$5,000, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); any other support, and intellectual property rights (e.g., patents, copyrights and royalties from such rights) — reasonably related to the University Personnel's institutional responsibilities.

A. Inclusions:

W. Sponsored Research Project or Other Sponsored Program: Includes a variety of possible activities and not research alone. Sponsored Programs can include cooperative agreements, curriculum development activity, public service projects, instrumentation and infrastructure awards, training grants, conference grants and any other activity funded either directly, or indirectly, by an agency of the federal government or other agencies as designated in the terms and conditions of the award.

X. University Personnel: Florida A&M University faculty, staff, students, and affiliates engaged in domestic and foreign research/academic activities.

III. University Personnel's Responsibility
 University Personnel are expected to govern their professional activities in accordance with the University mission, regulations, and with integrity. University Personnel are expected to identify and, when possible, avoid all conflicts of interest and commitment, including financial. If a conflict cannot be avoided, the Statement of Financial Conflict and Commitment Interests Form must be completed to allow for elimination or management of conflicts.

In accordance with this Policy, University personnel, as defined above, must disclose any conflicts of interest or commitment, including significant financial and commitment conflicts of interest that involve themselves and immediate family in organizations or companies whose financial interests may reasonably appear to affect or be affected by their sponsored activities.

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IV. Foreign Talent Recruitment Programs
University Personnel are restricted from participating in foreign talent recruitment programs that endeavor to promote the language or culture of a foreign country of concern identified by appropriate Federal or State agencies. University Personnel may engage in other international researcher activities allowable by federal law or agency regulations, and subject to disclosure.

V. Intellectual Property
The University is committed to the advancement of research and innovation in the development of intellectual property, to include patents, copyrights, trademarks and other proprietary methodologies.

The University, therefore, must protect real and perceived disclosure of intellectual property to entities in which University inventors have personal or financial interests or are adverse to the University's interest. The U.S. recognize the value of scientific collaboration with foreign organizations, but exploitation of the openness of the U.S. scientific community threatens U.S. national interests. University Personnel must be responsible stewards of U.S. taxpayer money and to prevent funded research or academic activities from inappropriately benefiting foreign competitors. More information, including applicable definitions, ownership and intellectual rights are located in the University Regulation 10.128.

VI. Foreign Influence
This Policy covers conflicts of interest or commitment related to foreign entities as well, regardless of compensation. University Personnel have a conflict of interest when that interest could directly and significantly affect or threaten the United States by facilitating the unauthorized transfer of technology and intellectual property to foreign governments.

- A. COIs, as defined above, include, but are not limited to:
- A. Participating in any Foreign Talent Recruitment Program.
 - B. Traveling outside the U.S. and hosting international scholars, both short- and long-term.
 - C. Failure to report all research support, including foreign support at the proposal stage and in progress reports.
 - D. Participating in any academic, research, or administrative appointments at a foreign institution, even if the appointment is uncompensated. This includes appointments that are full-time, part-time, honorary, adjunct, or voluntary.
 - E. Any engagement in agreement with a foreign university for which the University Personnel directs non-University students, postdocs, or other personnel affiliated with that foreign university.
 - F. Any foreign affiliation that is included in any publication by the University Personnel.

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- G. Any non-University agreement in which foreign funds or other resources are provided to University Personnel for activities either at the University or at a foreign institution.
- H. Any agreement or relationship that assigns intellectual property (IP) rights to the foreign institution.
- I. Any agreement or relationship with a foreign entity in which the University Personnel receives payments for salary, stipends, or living expenses.
- I. Holding a position such as founder, partner, employee, or board member at a company, non-profit, governmental agency, or other foreign entity.
- K. Receiving living/lodging funds or reimbursements or other remunerations.
- L. Having significant ownership interest in a foreign company related to the University Personnel's role/responsibility.
- M. Financial interests in a foreign entity that does business with or competes with the University (including seeking research funding).
- N. Receiving travel funds or reimbursements from a foreign entity.
- O. Receiving an honorarium from a foreign entity.
- P. Sharing proposals, applications, or meeting materials with a foreign entity.
- Q. Failure to disclose foreign financial and Commitment Conflicts of interest during grant application, Just in-Time or award.
- R. Failure to disclose foreign other affiliations or positions that comes with resources, whether financial or in-kind.

VII. Types of Conflict (Conflicts of Interest/Conflict of Commitment/Significant Financial Interest)

University Personnel must be cognizant of all types of conflict of interest, including conflicts of commitment and significant financial conflict of interest. University Personnel shall disclose any such conflict using the appropriate process outlined herein and related University regulations.

A. University Conflict of Interest/Conflict of Commitment

The responsibility of University Personnel is the full and competent performance of all duties pertinent to his/her relationship with the University. Outside employment/activities or financial interests which interferes with the University Personnel's obligations to the University are prohibited. University Personnel should avoid actual or apparent conflicts of interest or commitment between University obligations and outside employment/activities or financial interests.

B. Financial Conflict of Interest (FCOI)

University Personnel have a significant financial interest (SFI) when that interest could directly and significantly affect the design, conduct, or reporting of funded research or activities.

1. Examples of such inclusions include, but are not limited to:

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- ~~(#)A.~~ Income (including salary) consulting payments, honoraria, reimbursement of expenses, royalty payments, dividends, or any other payment or consideration from a simple business entity, public entity, or non-profit entity exceeding \$405,000 during the prior twelve months.
 - ~~(#)B.~~ Equity (in the form of stock, stock options, real estate or any other investment of ownership interests) in any enterprise. (This does not apply in the case of stock holdings such as diversified or mutual funds where the investigator is unaware of specific stock held).
 - C. Regarding a non-publicly traded entity, an SFI exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$5,000, or when the Investigator (or immediate family member) holds any equity interest;
 - D. A position as director, officer, partner, trustee, or member of the board of directors of any entity;
 - E. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
 - F. Income from service on advisory committees or review panels for public or nonprofit entities; or
 - G. Intellectual property interest on a patent filed or to be filed by a party other than the University.
2. Examples of FCOI may not include the following; however, these interests may implicate other conflict areas identified in this policy:
- A. Income from seminars, lectures, or teaching engagements sponsored by and service on advisory or review panels for a federal, state or local government agency and institution of higher education;
 - B. Income from an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education;
 - C. Income from investment vehicles, such as mutual funds and retirement accounts, as long as the PI does not directly control investment decisions made in these vehicles;
 - D. An equity interest that, when aggregated for the PI, spouse, or dependent children, meets both of the following tests: does not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures to fair market value, and does not represent more than a 5% ownership interest in any single entity;
 - E. Salaries, royalties or other payments that, when aggregated for the PI and the PI's spouse and dependent children, are not expected to exceed \$5,000 during the next twelve-month period; or
 - F. Any ownership interests in the institution, if institution is an applicant under the Small Business Innovation Research Program or Small Business Technology Transfer Program.

VIII. Disclosure Requirements

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All University Personnel are responsible for the annual disclosure of University conflict of interest/commitments outlined in part A of this section. Applicable University Personnel must also complete Financial Conflict of Interest Disclosures as outlined in part B of this section. University Personnel are required to make the appropriate disclosures annually, or upon the occurrence of a change in circumstance:

A. Conflict of Interest/Commitment

In addition to annual disclosure, University Personnel who propose to engage in any outside employment/activity must report in writing to the President or President's designee via the individual's supervisor as soon as practicable in advance of such employment/activity, by completing the Florida A&M University's Outside Employment/Conflict of Interest Activities Form.

B. Financial Conflict of Interest

University Personnel applying for sponsored research or Institutional Review Board (IRB) approval must complete the project specific Financial Interest Disclosure with each proposal. University Personnel holding a significant financial interest as defined above must disclose this interest in writing prior to submission of a grant application or contract to the Designated University Division prior to initiation of the activity. Principal investigators must ensure that all investigators in the proposal disclose significant financial interests; however, each covered person is obligated to disclose real or apparent conflicts of interest. University Personnel shall disclose annually all financial conflicts covered under this policy.

The research may not begin until the University has reviewed the disclosure and all parties have agreed to any necessary management strategies. Disclosure documents shall be maintained for the appropriate retention period.

C. Updating Disclosures Due to Changes in Circumstances

1. University Personnel shall also update their disclosure within fourteen (14) calendar days in the event of a change in circumstances. Such changes include, but are not limited to the following instances:
 - a. A new significant financial interest has evolved or occurred;
 - b. The existing interest ends or is materially altered; or
 - c. A new investigator/personnel with a significant financial interest is hired to work on the research project.

IX. Conflict of Interest/Financial Conflict of Interest Review Processes

A. Conflict of Interest/Commitment Review Process

1. When the University identifies a conflict of interest related to University Personnel, the University may, at its sole discretion, prohibit the individual from engaging in any activity presenting a potential conflict; limit the employment/activity; or implement other measures the University deems reasonably necessary to eliminate the potential conflict.

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B. Financial Conflict of Interest Review Process

1. Preliminary Review

University Personnel will submit annual conflict of interest disclosures to the Designated University Division to perform a preliminary review for accuracy and completeness.

2. First Level Review: Designated University Official

The Designated University Official is the University official designated by the President to complete the first level review of the University Personnel's Statement of Financial Interest Form and to determine if any reported interests reasonably appear to affect the integrity of the University. The Office of Compliance and Ethics serves as the Designated University Official for this review, working in collaboration with the Office of Animal Welfare and Research Integrity.

3. Initial Report and Annual Report

Upon receipt of a conflict of interest disclosure, Designated University Division(s) must prepare an initial report that is updated at least annually.

The following information should be included in the initial report:

- a. Sponsoring agency(ies);
- b. Grant/Contract number;
- c. Funding performance period;
- d. University assigned project number if awarded;
- e. Project Director/Principal Investigator (PD/PI) or Contact PD/PI;
- f. Name of Investigator with FCOI;
- g. Whether FCOI was managed, reduced, or eliminated;
- h. Name of the entity with which the Investigator has a FCOI;
- i. Nature of FCOI, e.g., equity, consulting fees, travel reimbursement, honoraria;
- j. Value of the financial interest \$0-4,999; \$5K-9,999; \$10K-19,999; amounts between \$20K-\$100K by increments of \$20K; amounts above \$100K by increments of \$50K or statement that a value cannot be readily determined;
- k. A description of how financial interest relates to a funded research and the basis for the Institution's determination that a financial interest conflicts with such research;
- l. Key elements of the Institution's management plan;
- m. The following information will be included in an annual report:
- n. Status of the FCOI; and
- o. Changes in the Management Plan.

4. Review and Appeal Process

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If a potential conflict of interest is identified in the initial review, the disclosure material will be reviewed by the Conflict of Interest Committee (COIC), a standing committee appointed by the Designated University Division and managed by the Office of Animal Welfare and Research Integrity. The COIC will provide findings and offer recommendations for compliance actions to the Designated University Division Vice President and the University Personnel within fourteen (14) days.

University Personnel may appeal the decision of the COIC to the Designated Division Vice President and, ultimately, to the President of the University if the recommendations are deemed to be unjustified. The President's decision is final.

X. Public Accessibility to Information of Conflict of Interest

A. When the COIC determines a significant financial conflict of interest exists and continues, the University will ensure the following information is publicly accessible by a written response within five business entity days of a request:

1. The researcher's name, title, and research project role,
2. The name of the entity in which the significant financial interest is held,
3. The nature of the significant financial interest, and
4. The approximate dollar value of the significant financial interest (within dollar ranges) or a statement that a value cannot be readily determined, through reference to public prices or other reasonable measures of fair market value.

XI. Financial Conflict of Interest Retrospective Review

A. The University is required to conduct a retrospective review in cases of non-compliance with the regulation. Reports to the Awarding Component will address the impact of the bias on the research project and what actions the University has taken, or will take, to eliminate or mitigate the effect of the bias.

B. Retrospective Review – The University is required to document retrospective reviews. Such documentation shall include, but not necessarily be limited to, all of the following key elements, as applicable:

1. Sponsoring agency(ies);
2. Award/Contract number;
3. Project number;
4. Project title;
5. PD/PI or contact PD/PI if a multiple PD/PI model is used;
6. Name of the Investigator with the FCOI;
7. Name of the entity with which the PI has a financial conflict of interest;
8. Reason(s) for retrospective review;
9. Detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed);
10. Findings of the review; and

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11. Conclusions of the review.

C. Based on the results of the retrospective review, if appropriate, the Designated Division Vice President shall update the previously submitted FCOI report, specifying what actions will be taken to manage the conflict of interest going forward. If bias is found, the Designated Division Vice President is required to notify the Awarding Component promptly and submit a mitigation report to the Awarding Component. The mitigation report must include, at a minimum, the key elements documented in the retrospective review above and a description of the impact of the bias(es) on the research project and the Institution's plan of action or actions taken to eliminate or mitigate the effect of the bias (e.g., impact on the research project; extent of harm done, including any qualitative and quantitative data to support any actual or future harm; analysis of whether the research project is salvageable). Thereafter, the Designated Division Vice President will submit FCOI reports annually. Depending on the nature of the financial conflict of interest, the COIC may determine that additional interim measures are necessary regarding the University Personnel's participation in the funded research project/academic activity between the date that the financial conflict of interest or the individual's noncompliance is determined and the completion of the Institution's retrospective review.

XII. Management of Conflicts (Interest/Commitment/Financial)

A. When the COIC reasonably determines that such conflict could directly and significantly affect the design, conduct, or reporting of sponsored research/academic activities, the COIC may recommend that a proposal shall not continue or be submitted for funding (or terminated, if funded prior to the development of a conflict). In situations where reasonable doubt may exist about the conflict of interest, certain conditions or restrictions may be imposed. These may include, but are not limited to:

1. Disclosing significant financial interests (e.g., when presenting or publishing the research);
2. Disclosing financial conflicts of interest directly to participants for research projects involving human subjects;
3. Monitoring research by independent reviewers;
4. Modifying research plan;
5. Changing personnel or personnel responsibilities or disqualification from participation in the portion of the funded research/education that would be affected by the significant financial interest; and
6. Divesting significant financial interest(s) (e.g., sale of an equity interest); or
7. Severing relationships that create conflicts.

B. If the COIC determines that the interest of scientific progress, technology transfer, or the public health and welfare outweigh the potential negative impact that may arise from a significant financial interest, and imposing conditions or restrictions would either be ineffective or inequitable, then the COIC may allow the research/academic

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activity to go forward without imposing such conditions or restrictions, if not prohibited by funding source.

XIII. When the University Untimely Identifies a Financial Conflict of Interest

- A. Whenever the University identifies a significant financial interest that was not disclosed timely by an Investigator or, for whatever reason, was not previously reviewed by the University during an ongoing funded research project, the designated official(s) shall, within sixty (60) days:
1. Review the significant financial interest;
 2. Determine whether it is related to funded research;
 3. Determine whether a financial conflict of interest exists; and, if so
 4. Implement a management plan that shall specify the actions that have occurred and will be taken to manage such financial conflict of interest going forward.

XIV. Sanction

Pursuant to Section 1012.977(3), Florida Statutes, an employee who has failed to disclose any outside activity or financial interest as required by this Policy shall be suspended without pay pending the outcome of an investigation which shall not exceed 60 days. Upon conclusion of the investigation, the University or entity may terminate the contract of the employee, current awards and/or contracts, and may determine an investigator ineligible to receive future awards and/or contracts. The University may take additional administrative or disciplinary action under applicable University regulations, policies, and collective bargaining agreements.

XV. University Personnel Training

- A. University Personnel must complete training prior to engaging in research at least every four (4) years, and within 30 days if one or more of the following circumstances occur:
1. University Conflict of Interest policies change in a manner that affects University Personnel requirements;
 2. University Personnel is new to the University; and
 3. The University finds that the University Personnel is noncompliant with the University's policy or management plan.

XVI. Record Retention and External Reporting

Records of conflict disclosures and actions taken to manage conflicts of interest shall be retained at least three years beyond the termination or completion of the project/academic activity to which they relate, or the resolution of any government action involving those records, whichever is longer. The Designated University Division is responsible for filing a report with the requisite Federal agency a report outlining the University's inability to satisfactorily manage a conflict of interest.

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(iii)	
<u>Attachment(s)</u>	
<u>Hyperlink Addresses</u>	42 CFR Part 50 Subpart F 45 CFR Part 94 DOE O 486.1 DOE O 142.3B Uniform Guidance 2 CFR §200.112 Conflict of Interest and 2 CFR §200.113 Section 1004.28, F.S. 1012.977 University Regulations 1.019 University Regulations 1.020 University Regulations 10.121 University Regulations 10.122 CS/HB 7017

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~~(iv) Intellectual property interest on a patent filed or to be filed by a party other than the University.~~

B. Exclusions:

- ~~(i) Salary, royalties or other remuneration from the applicant institutions;~~
- ~~(ii) Any ownership interests in the institution, if the institution is an applicant under the Small Business Innovation Research Program or Small Business Technology Transfer Program;~~
- ~~(iii) Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;~~
- ~~(iv) Income from service on advisory committees or review panels for public or nonprofit entities;~~
- ~~(v) An equity interest that, when aggregated for the investigator and the investigator's spouse and dependent children, meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures to fair market value, and does not represent more than a 5% ownership interest in any single entity; or~~
- ~~(vi) Salary, royalties or other payments that, when aggregated for the investigator and the investigator's spouse and dependent children, are not expected to exceed \$10,000 during the next twelve month period.~~

~~**Designated university official** is the university official designated by the President to complete the first level review of the investigator's Disclosure of Interest Form and to determine if any reported interests reasonably appear to be affected by the project. The designated university official will be the individual with first line supervisory responsibility for the person submitting the Disclosure. In most cases, the designated university official will be the Dean of the College/School.~~

~~**Disclosure of Financial Interest Form** is to be completed by the investigator when a conflict of interest is declared. The completed form will show financial and other interest related to a research/education project. The Disclosure of Financial Interests Form must be updated on an annual basis during the conduct of the project. Please see the attached form.~~

III. Approvals/Responsibilities

~~If the university determines that such interest may affect the design, conduct, or reporting of the project, the university will take steps to manage or eliminate the conflict of interest. Records of financial disclosures and actions taken to manage conflicts of interest shall be retained at least three years beyond the termination or completion of the award to which they relate, or the resolution of any government action involving those records, whichever is longer.~~

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It will be the responsibility of the Division of Research to file with the requisite Federal agency an inability of the university to satisfactorily manage a conflict of interest.

IV. Investigator's Responsibility

- a) Persons covered under this policy are expected to govern their professional activities in accordance with the University mission and with integrity.
- b) Covered persons are expected to identify and, when possible, avoid financial conflicts of interest. If a conflict cannot be avoided, the Disclosure of Financial Interests Form must be completed to allow for elimination or management of the financial conflicts.
- c) In accordance with III(b) covered persons must disclose any significant financial interest that involves themselves, spouse, and dependent children in organizations or

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companies whose financial interests may reasonably appear to affect or be affected by their sponsored activities.

- d) Covered persons shall ensure the disclosure of all significant financial conflicts of interests prior to the submission of their application to the Office of Sponsored Programs. Persons shall update the Disclosure of Financial Interests Form whenever a new significant financial interest evolves, or when the existing interest ends or is materially altered. In addition, disclosures shall be updated annually.

V. — Disclosure Requirements

The principal investigator must fully disclose all significant interest for each sponsored research/education project prior to the time a proposal is submitted. The principal investigator must ensure that all investigators in the proposal disclose significant financial interests.

- a) Each covered person is obligated to disclose real or apparent conflicts of interest.
- b) Covered persons shall disclose annually all significant financial conflicts which are covered under this policy. Covered persons shall also update their disclosure forms whenever a new significant financial interest evolves, or when the existing interest ends or is materially altered.
- c) Prior to submission of an application to the Office of Sponsored Programs, covered persons shall ensure that all significant financial interests have been disclosed.
- d) Disclosure should be made to the Dean of the affected College/School.
- e) Disclosure documents shall be destroyed at the end of the retention period.

VI. — Review and Appeal Process

When a conflict of interest is declared, the Disclosure of Financial Interests Form should be submitted to the appropriate Dean of the College/School. If a potential conflict of interest is identified in the initial review, the Disclosure material will be reviewed by the Conflict of Interest Committee (COIC), a standing committee appointed by the Vice President of Research and managed by the Office of Research Services. The committee will offer recommendations for compliance to the principal investigator. The principal investigator may appeal the decision of the COIC to the Vice President for Research and, ultimately, to the President of the University if the recommendations are deemed to be unjustified.

VII. — Management of Conflicts of Interest

An investigator has a conflict of interest when the COIC reasonably determines that a significant financial interest could directly and significantly affect the design, conduct, or reporting of sponsored research/educational activities. In such circumstances, the COIC may recommend that the proposal shall not be submitted for funding (or terminated, if funded prior to the development of a conflict). In situations where reasonable doubt may exist about the conflict of interest, certain conditions or

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restrictions may be imposed. These may include, but are not limited to: a. public disclosure of significant financial interests;

- b. monitoring of research by independent reviewers;
- c. modification of research plan;
- d. disqualification from participation in the portion of the funded research/education that would be affected by the significant financial interest.
- e. divestiture of significant financial interest(s); or
- f. severance of relationships that create conflicts.

If the COIC determines that imposing conditions or restrictions would either be ineffective or

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inequitable, and that the potential negative impact that may arise from a significant financial interest are outweighed by interest of scientific progress, technology transfer, or the public health and welfare, then the COIC may allow the research/educational activity to go forward without imposing such conditions or restrictions.

Failure to file a complete Disclosure of Financial Interest for a sponsored project, or adhere to the guidelines developed by the COIC will be grounds for disciplinary action under the BOR contract (Article 16.1, Disciplinary Action, pp 31-32). In addition, sponsors may terminate current awards and/or contracts and may determine an investigator ineligible to receive future awards if university policy is violated.

VIII. Sanctions

Failure to file a complete Disclosure of Financial Interest for a sponsored project, or adhere to the guidelines developed by the COIC will be grounds for disciplinary action under the BOR contract (Article 16.1, Disciplinary Action, pp 31-32). In addition, sponsors may terminate current awards and/or contracts and may determine an investigator ineligible to receive future awards if university policy is violated.

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FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
Board of Trustees Policy

Board of Trustees Policy Number:
2005-14

Date of Adoption: June 30, 2005
Date of Revision: March 2021

Subject	Financial and Other Conflicts of Interest and Commitment Governing Research
Authority	Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors; also known as the Financial Conflict of Interest, or FCOI, regulations (42 CFR Part 50 Subpart F and 45 CFR Part 94); DOE O 486.1 (6-13-2019); DOE O 142.3B; Uniform Guidance 2 CFR §200.112 Conflict of Interest and §200.113 Mandatory Disclosures ; Section 1004.28, F.S. 1012.977 and Chapter 112, Part III, Florida Statutes; and University Regulations 1.019, 1.020, 10.121, and 10.122.
Applicability	Applicable to all Florida A&M University faculty, staff, students, and affiliates engaged in domestic and foreign research/academic activities. This Policy also applies to individuals whose research/academic activities are performed, sponsored, or administered by Florida A&M University. These individuals are referred to collectively as “University Personnel.”

I. Policy Statement and Purpose

Research is an important and vital part of the mission of Florida A&M University (University). The external sponsorship of research or similar commitments can result in the development of complex relationships between the University, its faculty, and staff, and the external sponsor(s) who support specific programs. To assure that research conducted under the auspices of the University is always of the highest integrity, while being responsive to federal government regulations and other agencies (public or private), the University has developed this Policy on Financial and Other Conflicts of Interest and Commitments Governing Research.

Any University Personnel (including the individual’s immediate family) who is responsible for the design, conduct, or reporting of a research project/academic activity, regardless of whether such project is sponsored or implemented by funds awarded to the University, must disclose any commitment or significant financial interest:

- that may reasonably appear to affect the research or academic activities funded or proposed for funding, or
- in entities whose financial interests and commitment would reasonably appear to be affected by such activities.

II. **Definitions**

- A. **Affiliates:** A compensated or uncompensated subcontractor, sub-recipient, consultant, or other third-party entity performing research services for the University under a written or verbal agreement.
- B. **Awarding Component:** The organizational unit of the agency that funds the research.
- C. **Conflict of Commitment:** Occurs when University Personnel engage in an Outside Activity, either paid or unpaid, that could interfere with their professional obligations to the University.
- D. **Conflict of Interest (COI):** Occurs when University Personnel's financial, professional, commercial or personal interests or activities outside of the University affects, or appears to affect, their professional judgement or obligations to the University.
- E. **Designated University Division:** The University President or designee shall assign the appropriate Division responsible for processes implicating sponsored research and all other research/academic activities under this policy.
- F. **Disclosure:** To provide relevant information about an individual's external commitments and financial interests to parties inside and outside the University to assure full awareness of potential conflicts and institutional efforts to address them. Disclosure must be sufficiently detailed, timely, accurate and not false, erroneous, misleading or incomplete.
- G. **Educational Activities:** Activities of educating or instructing that impart knowledge or skills.
- H. **Entity:** Any business, company, or other organization, whether public or private, domestic or foreign, including without limitation any partnership, corporation, limited liability corporation, unincorporated association, or other institution or organization, whether for-profit or not-for-profit.
- I. **Financial Conflict of Interest (FCOI):** A Significant Financial Interest that could directly and significantly affect the design, conduct, or reporting of funded research or activities.
- J. **Financial Conflict of Interest Report:** An institution's report of a financial conflict of interest to an Awarding Component.
- K. **Financial Interest:** Anything of monetary value, other than that provided by the University, whether the value is readily ascertainable, including interests received from domestic and foreign entities.
- L. **Foreign Country of Concern:** Countries identified by Federal and State government to which particular consideration is given for policy reasons and may be subject to travel or other safety restrictions. Countries may appear on the sensitive country list for reasons including national security, nuclear nonproliferation, regional instability, threat to national economic security and/or terrorism support.
- M. **Foreign Entity:** Includes, but is not limited to, governments, universities, individuals, and public or private companies or organizations that are formed or based outside of the United States.
- N. **Foreign Talent Recruitment Program:** Any foreign state sponsored attempt to acquire U.S. funded scientific research through recruitment programs that target

scientists, engineers, academics, researchers, and entrepreneurs of all nationalities working or educated in the United States.¹

- O. **Immediate Family:** Refers to the researcher's parents, siblings, spouse, children and any equivalent relatives by marriage. It also refers to any individual who resides on a regular basis in the researcher's domicile or meets the definition of a related person as defined in FAMU Board of Trustees Regulation 10.121.
- P. **Investigator:** The project director or principal investigator, and any other person, regardless of title or position, who is responsible for the design, conduct, reporting of research funded or proposed for such funding, which may include, for example, collaborators or consultants. This definition includes Project Director/Principal Investigator.
- Q. **Outside activity:** Includes anything University Personnel does for an entity or an individual, other than the University, that related to the University Personnel's expertise.
- R. **Other Support:** Any and *all* resources and affiliations made available to University Personnel in support of and/or related to all of their research endeavors, regardless of whether they have monetary value and regardless of whether they are based at the institution and the University Personnel identifies for the current grant. This may include:
1. in-kind resources,
 2. financial support through grants, contracts, and other awards,
 3. positions and scientific appointments,
 4. selection to "talents" or similar-type programs, and
 5. "gifts" where items or funds are received with conditions attached or deliverables expected in return.
- S. **Project Director/Principal Investigator (PD/PI):** A person designated as a project director or principal Investigator of a funded research project.
- T. **Research:** Systematic investigation, study or experiment designed to develop or contribute to generalized knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic research, applied research, and product development. This also includes any such activity for which research funding is available from a funding source through a grant or cooperative agreement.
- U. **Researcher:** Includes the PD/PI and all faculty and research staff members who will have responsibility for the design, conduct of the research, and as the dissemination of its results.
- V. **Significant Financial Interest (SFI):** Refers to anything of monetary value exceeding \$5,000, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); any other support, and intellectual property rights (e.g., patents, copyrights and royalties from such rights) reasonably related to the University Personnel's institutional responsibilities.

¹ US Department of Energy, "DEPARTMENT OF ENERGY FOREIGN GOVERNMENT TALENT RECRUITMENT PROGRAMS," DOE O 486.1 (6-7-2019)

- W. **Sponsored Research Project or Other Sponsored Program:** Includes a variety of possible activities and not research alone. Sponsored Programs can include cooperative agreements, curriculum development activity, public service projects, instrumentation and infrastructure awards, training grants, conference grants and any other activity funded either directly, or indirectly, by an agency of the federal government or other agencies as designated in the terms and conditions of the award.
- X. **University Personnel:** Florida A&M University faculty, staff, students, and affiliates engaged in domestic and foreign research/academic activities.

III. **University Personnel's Responsibility**

University Personnel are expected to govern their professional activities in accordance with the University mission, regulations, and with integrity. University Personnel are expected to identify and, when possible, avoid all conflicts of interest and commitment, including financial. If a conflict cannot be avoided, the Statement of Financial Conflict and Commitment Interests Form must be completed to allow for elimination or management of conflicts.

In accordance with this Policy, University personnel, as defined above, must disclose any conflicts of interest or commitment, including significant financial and commitment conflicts of interest that involve themselves and immediate family in organizations or companies whose financial interests may reasonably appear to affect or be affected by their sponsored activities.

IV. **Foreign Talent Recruitment Programs**

University Personnel are restricted from participating in foreign talent recruitment programs that endeavor to promote the language or culture of a foreign country of concern identified by appropriate Federal or State agencies. University Personnel may engage in other international researcher activities allowable by federal law or agency regulations, and subject to disclosure.

V. **Intellectual Property**

The University is committed to the advancement of research and innovation in the development of intellectual property, to include patents, copyrights, trademarks and other proprietary methodologies.

The University, therefore, must protect real and perceived disclosure of intellectual property to entities in which University inventors have personal or financial interests or are adverse to the University's interest. The U.S. recognize the value of scientific collaboration with foreign organizations, but exploitation of the openness of the U.S. scientific community threatens U.S. national interests. University Personnel must be responsible stewards of U.S. taxpayer money and to prevent funded research or academic activities from inappropriately benefiting foreign competitors. More information, including applicable definitions, ownership and intellectual rights are located in the University Regulation 10.128.

VI. **Foreign Influence**

This Policy covers conflicts of interest or commitment related to foreign entities as well, regardless of compensation. University Personnel have a conflict of interest when that interest could directly and significantly affect or threaten the United States by facilitating the unauthorized transfer of technology and intellectual property to foreign governments.

A. COIs, as defined above, may include, but are not limited to:

- A. Participating in a Foreign Talent Recruitment Program.
- B. Traveling outside the U.S. and hosting international scholars, both short- and long-term.
- C. Failure to report all research support, including foreign support at the proposal stage and in progress reports.
- D. Participating in any academic, research, or administrative appointments at a foreign institution, even if the appointment is uncompensated. This includes appointments that are full-time, part-time, honorary, adjunct, or voluntary.
- E. Any engagement in agreement with a foreign university for which the University Personnel directs non-University students, postdocs, or other personnel affiliated with that foreign university.
- F. Any foreign affiliation that is included in any publication by the University Personnel.
- G. Any non-University agreement in which foreign funds or other resources are provided to University Personnel for activities either at the University or at a foreign institution.
- H. Any agreement or relationship that assigns intellectual property (IP) rights to the foreign institution.
- I. Any agreement or relationship with a foreign entity in which the University Personnel receives payments for salary, stipends, or living expenses.
- J. Holding a position such as founder, partner, employee, or board member at a company, non-profit, governmental agency, or other foreign entity.
- K. Receiving living/lodging funds or reimbursements or other remunerations.
- L. Having significant ownership interest in a foreign company related to the University Personnel's role/responsibility.
- M. Financial interests in a foreign entity that does business with or competes with the University (including seeking research funding).
- N. Receiving travel funds or reimbursements from a foreign entity.
- O. Receiving an honorarium from a foreign entity.
- P. Sharing proposals, applications, or meeting materials with a foreign entity.
- Q. Failure to disclose foreign financial and Commitment Conflicts of interest during grant application, Just in-Time or award.
- R. Failure to disclose foreign other affiliations or positions that comes with resources, whether financial or in-kind.

VII. Types of Conflict (Conflicts of Interest/Conflict of Commitment/Significant Financial Interest)

University Personnel must be cognizant of all types of conflict of interest, including conflicts of commitment and significant financial conflict of interest. University

Personnel shall disclose any such conflict using the appropriate process outlined herein and related University regulations.

A. University Conflict of Interest/Conflict of Commitment

The responsibility of University Personnel is the full and competent performance of all duties pertinent to his/her relationship with the University. Outside employment/activities or financial interests which interferes with the University Personnel's obligations to the University are prohibited. University Personnel should avoid actual or apparent conflicts of interest or commitment between University obligations and outside employment/activities or financial interests.

B. Financial Conflict of Interest (FCOI)

University Personnel have a significant financial interest (SFI) when that interest could directly and significantly affect the design, conduct, or reporting of funded research or activities.

1. Examples of such inclusions include, but are not limited to:

- A. Income (including salary) consulting payments, honoraria, reimbursement of expenses, royalty payments, dividends, or any other payment or consideration from a simple business entity, public entity, or non-profit entity exceeding \$5,000 during the prior twelve months;
- B. Equity (in the form of stock, stock options, real estate or any other investment of ownership interests) in any enterprise. This does not apply in the case of stock holdings such as diversified or mutual funds where the investigator is unaware of specific stock held;
- C. Regarding a non-publicly traded entity, an SFI exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$5,000, or when the Investigator (or immediate family member) holds any equity interest;
- D. A position as director, officer, partner, trustee, or member of the board of directors of any entity;
- E. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- F. Income from service on advisory committees or review panels for public or nonprofit entities; or
- G. Intellectual property interest on a patent filed or to be filed by a party other than the University.

2. Examples of FCOI may not include the following; however, these interests may implicate other conflict areas identified in this policy:

- A. Income from seminars, lectures, or teaching engagements sponsored by and service on advisory or review panels for a federal, state or local government agency and institution of higher education;
- B. Income from an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education;

- C. Income from investment vehicles, such as mutual funds and retirement accounts, as long as the PI does not directly control investment decisions made in these vehicles;
- D. An equity interest that, when aggregated for the PI, spouse, or dependent children, meets both of the following tests: does not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures to fair market value, and does not represent more than a 5% ownership interest in any single entity;
- E. Salaries, royalties or other payments that, when aggregated for the PI and the PI's spouse and dependent children, are not expected to exceed \$5,000 during the next twelve-month period; or
- F. Any ownership interests in the institution, if institution is an applicant under the Small Business Innovation Research Program or Small Business Technology Transfer Program.

VIII. Disclosure Requirements

All University Personnel are responsible for the annual disclosure of University conflict of interest/commitments outlined in part A of this section. Applicable University Personnel must also complete Financial Conflict of Interest Disclosures as outlined in part B of this section. University Personnel are required to make the appropriate disclosures annually, or upon the occurrence of a change in circumstance:

A. Conflict of Interest/Commitment

In addition to annual disclosure, University Personnel who propose to engage in any outside employment/activity must report in writing to the President or President's designee via the individual's supervisor as soon as practicable in advance of such employment/activity, by completing the Florida A&M University's Outside Employment/Conflict of Interest Activities Form.

B. Financial Conflict of Interest

University Personnel applying for sponsored research or Institutional Review Board (IRB) approval must complete the project specific Financial Interest Disclosure with each proposal. University Personnel holding a significant financial interest as defined above must disclose this interest in writing prior to submission of a grant application or contract to the Designated University Division prior to initiation of the activity. Principal investigators must ensure that all investigators in the proposal disclose significant financial interests; however, each covered person is obligated to disclose real or apparent conflicts of interest. University Personnel shall disclose annually all financial conflicts covered under this policy.

The research may not begin until the University has reviewed the disclosure and all parties have agreed to any necessary management strategies. Disclosure documents shall be maintained for the appropriate retention period.

C. Updating Disclosures Due to Changes in Circumstances

1. University Personnel shall also update their disclosure within fourteen (14) calendar days in the event of a change in circumstances. Such changes include, but are not limited to the following instances:
 - a. A new significant financial interest has evolved or occurred;
 - b. The existing interest ends or is materially altered; or
 - c. A new investigator/personnel with a significant financial interest is hired to work on the research project.

IX. Conflict of Interest/Financial Conflict of Interest Review Processes

A. Conflict of Interest/Commitment Review Process

1. When the University identifies a conflict of interest related to University Personnel, the University may, at its sole discretion, prohibit the individual from engaging in any activity presenting a potential conflict; limit the employment/activity; or implement other measures the University deems reasonably necessary to eliminate the potential conflict.

B. Financial Conflict of Interest Review Process

1. Preliminary Review

University Personnel will submit annual conflict of interest disclosures to the Designated University Division to perform a preliminary review for accuracy and completeness.

2. First Level Review: Designated University Official

The Designated University Official is the University official designated by the President to complete the first level review of the University Personnel's Statement of Financial Interest Form and to determine if any reported interests reasonably appear to affect the integrity of the University. The Office of Compliance and Ethics serves as the Designated University Official for this review, working in collaboration with the Office of Animal Welfare and Research Integrity.

3. Initial Report and Annual Report

Upon receipt of a conflict of interest disclosure, Designated University Division(s) must prepare an initial report that is updated at least annually.

The following information should be included in the initial report:

- a. Sponsoring agency(ies);
- b. Grant/Contract number;
- c. Funding performance period;
- d. University assigned project number if awarded;
- e. Project Director/Principal Investigator (PD/PI) or Contact PD/PI;
- f. Name of Investigator with FCOI;
- g. Whether FCOI was managed, reduced, or eliminated;
- h. Name of the entity with which the Investigator has a FCOI;
- i. Nature of FCOI, e.g., equity, consulting fees, travel reimbursement, honoraria;

- j. Value of the financial interest \$0-4,999; \$5K-9,999; \$10K-19,999; amounts between \$20K-\$100K by increments of \$20K; amounts above \$100K by increments of \$50K or statement that a value cannot be readily determined;
- k. A description of how financial interest relates to a funded research and the basis for the Institution's determination that a financial interest conflicts with such research;
- l. Key elements of the Institution's management plan;
- m. The following information will be included in an annual report;
- n. Status of the FCOI; and
- o. Changes in the Management Plan.

4. Review and Appeal Process

If a potential conflict of interest is identified in the initial review, the disclosure material will be reviewed by the Conflict of Interest Committee (COIC), a standing committee appointed by the Designated University Division and managed by the Office of Animal Welfare and Research Integrity. The COIC will provide findings and offer recommendations for compliance actions to the Designated University Division Vice President and the University Personnel within fourteen (14) days.

University Personnel may appeal the decision of the COIC to the Designated Division Vice President and, ultimately, to the President of the University if the recommendations are deemed to be unjustified. The President's decision is final.

X. Public Accessibility to Information of Conflict of Interest

A. When the COIC determines a significant financial conflict of interest exists and continues, the University will ensure the following information is publicly accessible by a written response within five business days of a request:

- 1. The researcher's name, title, and research project role,
- 2. The name of the entity in which the significant financial interest is held,
- 3. The nature of the significant financial interest, and
- 4. The approximate dollar value of the significant financial interest (within dollar ranges) or a statement that a value cannot be readily determined. through reference to public prices or other reasonable measures of fair market value.

XI. Financial Conflict of Interest Retrospective Review

A. The University is required to conduct a retrospective review in cases of non-compliance with the regulation. Reports to the Awarding Component will address the impact of the bias on the research project and what actions the University has taken, or will take, to eliminate or mitigate the effect of the bias.

B. Retrospective Review – The University is required to document retrospective reviews. Such documentation shall include, but not necessarily be limited to, all of the following key elements, as applicable:

1. Sponsoring agency(ies);
2. Award/Contract number;
3. Project number;
4. Project title;
5. PD/PI or contact PD/PI if a multiple PD/PI model is used;
6. Name of the Investigator with the FCOI;
7. Name of the entity with which the PI has a financial conflict of interest;
8. Reason(s) for retrospective review;
9. Detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed);
10. Findings of the review; and
11. Conclusions of the review.

- C. Based on the results of the retrospective review, if appropriate, the Designated Division Vice President shall update the previously submitted FCOI report, specifying what actions will be taken to manage the conflict of interest going forward. If bias is found, the Designated Division Vice President is required to notify the Awarding Component promptly and submit a mitigation report to the Awarding Component. The mitigation report must include, at a minimum, the key elements documented in the retrospective review above and a description of the impact of the bias(es) on the research project and the Institution's plan of action or actions taken to eliminate or mitigate the effect of the bias (e.g., impact on the research project; extent of harm done, including any qualitative and quantitative data to support any actual or future harm; analysis of whether the research project is salvageable). Thereafter, the Designated Division Vice President will submit FCOI reports annually. Depending on the nature of the financial conflict of interest, the COIC may determine that additional interim measures are necessary regarding the University Personnel's participation in the funded research project/academic activity between the date that the financial conflict of interest or the individual's noncompliance is determined and the completion of the Institution's retrospective review.

XII. **Management of Conflicts (Interest/Commitment/Financial)**

- A. When the COIC reasonably determines that such conflict could directly and significantly affect the design, conduct, or reporting of sponsored research/academic activities, the COIC may recommend that a proposal shall not continue or be submitted for funding (or terminated, if funded prior to the development of a conflict). In situations where reasonable doubt may exist about the conflict of interest, certain conditions or restrictions may be imposed. These may include, but are not limited to:
1. Disclosing significant financial interests (e.g., when presenting or publishing the research);
 2. Disclosing financial conflicts of interest directly to participants for research projects involving human subjects;
 3. Monitoring research by independent reviewers;
 4. Modifying research plan;

5. Changing personnel or personnel responsibilities or disqualification from participation in the portion of the funded research/education that would be affected by the significant financial interest; and
6. Divesting significant financial interest(s) (e.g., sale of an equity interest); or
 7. Severing relationships that create conflicts.

B. If the COIC determines that the interest of scientific progress, technology transfer, or the public health and welfare outweigh the potential negative impact that may arise from a significant financial interest, and imposing conditions or restrictions would either be ineffective or inequitable, then the COIC may allow the research/academic activity to go forward without imposing such conditions or restrictions, if not prohibited by funding source.

XIII. When the University Untimely Identifies a Financial Conflict of Interest

- A. Whenever the University identifies a significant financial interest that was not disclosed timely by an Investigator or, for whatever reason, was not previously reviewed by the University during an ongoing funded research project, the designated official(s) shall, within sixty (60) days:
1. Review the significant financial interest;
 2. Determine whether it is related to funded research;
 3. Determine whether a financial conflict of interest exists; and, if so
 4. Implement a management plan that shall specify the actions that have occurred and will be taken to manage such financial conflict of interest going forward.

XIV. Sanction

Pursuant to Section 1012.977(3), Florida Statutes, an employee who has failed to disclose any outside activity or financial interest as required by this Policy shall be suspended without pay pending the outcome of an investigation which shall not exceed 60 days. Upon conclusion of the investigation, the University or entity may terminate the contract of the employee, current awards and/or contracts, and may determine an investigator ineligible to receive future awards and/or contracts. The University may take additional administrative or disciplinary action under applicable University regulations, policies, and collective bargaining agreements.

XV. University Personnel Training

- A. University Personnel must complete training prior to engaging in research at least every four (4) years, and within 30 days if one or more of the following circumstances occur:
1. University Conflict of Interest policies change in a manner that affects University Personnel requirements;
 2. University Personnel is new to the University; and
 3. The University finds that the University Personnel is noncompliant with the University's policy or management plan.

XVI. Record Retention and External Reporting
Records of conflict disclosures and actions taken to manage conflicts of interest shall be retained at least three years beyond the termination or completion of the project/academic activity to which they relate, or the resolution of any government action involving those records, whichever is longer. The Designated University Division is responsible for filing a report with the requisite Federal agency a report outlining the University's inability to satisfactorily manage a conflict of interest.

Attachment(s)	
Hyperlink Addresses	<u>42 CFR Part 50 Subpart F</u> <u>45 CFR Part 94</u> <u>DOE O 486.1</u> <u>DOE O 142.3B</u> <u>Uniform Guidance 2 CFR §200.112 Conflict of Interest and 2 CFR §200.113</u> <u>Section 1004.28, F.S. 1012.977</u> <u>University Regulations 1.019</u> <u>University Regulations 1.020</u> <u>University Regulations 10.121</u> <u>University Regulations 10.122</u> <u>CS/HB 7017</u>

What's

Compliance and Ethics Highlights

Next??

- Plan Review and Development: Years 4-7**
Capitalize on feedback from Huron Consulting Group and internal stakeholders to finalize short, medium, and long term goals. (August 2021)
- Compliance Coordinator for Research**
Identify a candidate to fill vacancy. This candidate coordinates with research compliance partners to address research compliance areas such as foreign influence, conflicts of interest, and general grant compliance. (August 2021)
- Compliance and Ethics Culture Survey**
Finalize and administer survey. (September 2021)
- Office Relocation**
Prepare for relocation from the Journalism Building to Foote-Hilyer. (Tentatively scheduled for September 2021)