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| **Researcher / Faculty Member’s Name**:  | **College/School/Department/Office**:  |
| **Date**:  | **Associate Dean for Research:**  |
| **Relationship:** | **Oversight Manager/Supervisor**:  |
| **Plan Reviewer:**  |  |

1. **Description**

Dr. XXXX is an Assistant Professor in the Department of BBBB in the College of AAAA and the spouse of Dr. ZZZZ, Assistant Professor in the Department of CCCC in the College of AAAA. Dr. ZZZZ serves as an investigator on sponsored projects where Dr. XXXX is the Principal Investigator.

1. **Overall Safeguards**

**Dr. XXXX agrees to:**

1. Disclose the connection to Dr. ZZZZ to his/her Oversight Manager/Supervisor, Associate Dean for Research (ADR), and the University.
2. Forward any transactions requiring approval for payments to Dr. ZZZZ to Oversight Manager for approval.
3. Refrain from hiring, supervising, advising or evaluating the performance of any immediate family members and refer such decisions to the Associate Dean for Research in the College of AAAA and the BBBB Department Chair to evaluate the family members’ relevant qualifications, knowledge, skills, and abilities for the sponsored project.
4. Remain knowledgeable of all relevant Auburn University Policies and diligently follow them including but not limited to the University Intellectual Property Policies and Agreements, Financial Conflict of Interest Policy related to research, the Conflict of Interest Policy, the Faculty Consulting Policy, the University Nepotism Policies, and all other relevant University policies and procedures.
5. Disclose to his/her supervisor any and all changes that may affect this Plan and update his/her University disclosure online within 30 days of any material change in relationships or financial interests.

**Research Specific Safeguards**

**Dr. XXXX agrees to:**

1. Annually complete the Auburn University Employee Conflict of Interest Disclosure and update as needed within 30 days of any new interest or relationship that arises.
2. For any research projects or sponsored activities on which he/she collaborates with Dr. ZZZZ:
	1. Disclose in writing the relationship to Dr. ZZZZ to the University at the proposal stage.
	2. If required by the sponsor at proposal submission, include a written statement in the proposal disclosing the relationship to Dr. ZZZZ and how the conflict of interest is managed.
	3. Upon receipt of a new award, disclose in writing to the sponsor the relationship to Dr. ZZZZ, if applicable, and how the conflict of interest is managed.
	4. Notify all co-investigators of the relationship to Dr. ZZZZ.
	5. Disclose in writing the relationship to Dr. ZZZZ to all Auburn students, post-doctoral fellows, and primary research staff whom he supervises, and inform these individuals that any concerns by them about conflicts of interest may be brought to the Oversight Manager or the Office of Research Compliance.
3. For ongoing projects where Dr. XXXX is the Principal Investigator, follow all guidelines set forth by the funding agency regarding conflict of interest issues.
4. For human subjects research where Dr. XXXX is responsible for the design, conduct, or reporting of research and Dr. ZZZZ is a member of the research team:
	1. Report the conflict and provide a copy of this management plan to the University’s Institutional Review Board (IRB);
	2. Follow any requirements or limitations placed on him/her or his/her research by the IRB.
	3. Designate an independent reviewer of raw data, data analysis and resulting manuscripts. This independent reviewer may be another co-investigator who is already part of the project and does not have conflicts with either Dr. XXXX or Dr. ZZZZ; or the reviewer may be an external independent scientist who is technically qualified in the subject matter of interest.
5. **Oversight Plan:**

**Associate Dean for Research agrees to:**

1. Review Dr. ZZZZ’s qualifications, knowledge, skills, and abilities to affirm that her/his inclusion as sponsored project personnel where Dr. XXXX is the Principal Investigator is appropriate.

**Oversight Manager agrees to:**

1. Review Dr. ZZZZ’s qualifications, knowledge, skills, and abilities to affirm that her/his inclusion as sponsored project personnel where Dr. XXXX is the Principal Investigator is appropriate.
2. Exercise reasonable oversight to verify that Dr. XXXX’s service to or work with Dr. ZZZZ, compensated or uncompensated, does not interfere with her/his University responsibilities.
3. Exercise reasonable oversight to verify that Dr. XXXX is not put in the position of discussing or making a decision to purchase products or services from Dr. ZZZZ in his/her University role.
4. Exercise reasonable oversight to ensure that reimbursement/compensation to Dr. ZZZZ on any projects where Dr. XXXX is the Principal Investigator is appropriate. This includes, but is not limited to, salary, time and effort, certifications, travel, or other sponsor related expenditures on funded research.
5. Exercise reasonable oversight to verify that Dr. XXXX is not involved in the hiring, supervising, advising, or evaluation process of any immediate family members.
6. Review this Management Plan with Dr. XXXX at least on an annual basis to determine progress and what, if any, changes may need to be made to this plan.

Dr. XXXX acknowledges that the University will monitor and evaluate this plan as well as policies related to it, and at any time should Auburn University (AU) determine, in its sole discretion, that the plan is not sufficient to guard actual or apparent conflicts of interest or is otherwise not in the interest of AU, may determine the conflicts as not capable of management and may ask Dr. XXXX not to pursue the conflicting activities while an employee of AU. Dr. XXXX further acknowledges his/her personal duty to ensure his/her compliance with the Alabama Ethics Law (as applicable) and that this Agreement is not a substitute for that responsibility.

If at any time Dr. XXXX feels that there are conflicts or concerns with this management plan or its oversight, he may request, through the Associate Dean for Research in the College of AAAA, to the Vice President for Research and Economic Development that the plan be reviewed.

**Acknowledgement and Agreement**

By signing below, I, Dr. XXXX, acknowledge my agreement and intent to comply with the principles and safeguards of this Conflict of Interest/Commitment Management Plan.

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XXXX Date

Assistant Professor, BBBB

We approve the above Plan for handling the conflict of interest identified by the faculty member.

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YYYY Date

Department Chair, BBBB

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WWWW Date

Associate Dean for Research and Professor

AAAA College

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James A. Weyhenmeyer Date

Vice President for Research and Economic Development