# **Conflict of Interest Disclosure Form**

**CHESPEAKE BAY PROGRAM AGRICULTURAL MODELING TEAM CONFLICT OF INTEREST DISCLOSURE**

***Version date: June 10, 2022***

Name: Telephone:

Address:

Email Address:

Employer:

**INSTRUCTIONS[[1]](#footnote-2)**

The primary focus of the Chesapeake Bay Program (CBP) Agricultural Modeling Team (AMT) is to provide agricultural modeling assistance to support the Agriculture Workgroup through the development of the Phase 7 Watershed Model (WSM) inputs. It is essential that the work of the AMT is not compromised by significant conflicts of interest. Except for those situations in which the CBP partnership determines that a conflict of interest is unavoidable and publicly discloses the conflict of interest, no individual can be appointed to serve (or continue to serve) on the AMT if the individual has a conflict of interest that is relevant to the functions to be performed.

For the purposes of the AMT the term **"conflict of interest" is any financial or other interest which conflicts with the service of the individual because it (1) could significantly impair the individual's objectivity or (2) could create an unfair competitive advantage for any person or organization.** The term "conflict of interest" applies only *to current interests.* It does not apply to past interests that have expired, no longer exist, and cannot reasonably affect current behavior. Nor does it apply to possible interests that may arise in the future, because such future interests are inherently speculative and uncertain.

“Conflict of interest” means something more than individual bias. A point of view or bias is not necessarily a conflict of interest. AMT members are expected to have points of view and the CBP partnership attempts to balance points of view by supporting diverse AMT membership. AMT members are asked to consider respectfully the viewpoints of other members, to reflect their own views rather than to be a representative of any organization, and to base their scientific conclusions and judgment on relevant evidence.

This conflict of interest disclosure form is designed to prophylactically eliminate potentially compromising situations from arising, and thereby to protect the individual, the other members of the AMT, the CBP partnership, and the public interest. The individual, the AMT, and the partnership should not be placed in a situation where others could reasonably question, and perhaps discount or dismiss, the work of the AMT simply because of the existence of conflicting interests.

**The overriding objective of this conflict of interest disclosure form is to identify whether there are interests – primarily financial in nature – that conflict with the AMT service of the individual because they could impair the individual's objectivity or could create an unfair competitive advantage for any person or organization.** The fundamental question in each case is this: Does the individual, or others with whom the individual has substantial common financial interests, have identifiable interests that could be directly affected by the outcome of the activities of the AMT? The following questions are designed to elicit information from potential AMT members concerning potential, relevant conflicts of interest.

1. FINANCIAL INTERESTS.

1. Taking into account stocks, bonds, and other financial instruments and investments including partnerships (but excluding broadly diversified mutual funds and any investment or financial interests valued at less than $10,000), do you or, to the best of your knowledge others with whom you have substantial common financial interests, have financial investments that could be affected, either directly or by a direct effect on the business enterprise or activities underlying the investments, by the recommendations made by the AMT?
2. Taking into account real estate and other tangible property interests, as well as intellectual property (patents, copyrights, etc.) interests, do you or, to the best of your knowledge others with whom you have substantial common financial interests, have property interests that could be directly affected by the findings made by the AMT?
3. Could your employment (or the employment of your spouse), or the financial interests of your employer or clients (or the financial interests of your spouse's employer or clients) be directly affected by the findings made by the AMT?
4. Taking into account research funding and other research support (e.g., equipment, facilities, industry partnerships, research assistants and other research personnel, etc.), could your current research funding and support (or that of your close research colleagues and collaborators) be directly affected by the findings made by the AMT?
5. Could your service on the AMT create a specific financial or commercial competitive advantage for you or others with whom you have substantial common financial interests?

**If the answer to all of the above questions under FINANCIAL INTERESTS is either "no" or "not applicable," check here \_\_\_\_\_ (NO).**

**If the answer to any of the above questions under FINANCIAL INTERESTS is "yes," check here \_\_\_\_ (YES), and briefly describe the circumstances below.**

EXPLANATION OF "YES" RESPONSES: (attach additional pages, if needed)

2. OTHER INTERESTS.

1. For the AMT, is a principal charge to provide a critical review and evaluation of your own work or that of your employer?
2. Do you have any existing professional obligations that effectively require you to publicly defend a previously established position on an issue that is relevant to the functions to be performed by the AMT?
3. To the best of your knowledge, will your participation on the AMT enable you to obtain access to a competitor's or potential competitor's confidential proprietary information?
4. If you are, or have ever been, a federal, state, or local government employee, to the best of your knowledge are there any conflict of interest restrictions that may be applicable to your service on the AMT?

**If the answer to all of the above questions under OTHER INTERESTS is either "no" or "not applicable," check here \_\_\_\_\_ (NO).**

**If the answer to any of the above questions under OTHER INTERESTS is "yes," check here \_\_\_\_ (YES), and briefly describe the circumstances below.**

EXPLANATION OF "YES" RESPONSES: (attach additional pages, if needed)

Per the AMT Charge,[[2]](#footnote-3) all proposed members are subject to review and approval by the appropriate AgWG. **Please read and initial each of the following statements.**

*\_\_\_\_\_ In addition to this conflict of interest disclosure form, I have received a copy of the current AMT charge and, if I am accepted as an AMT member, I will, to the best of my ability and with guidance from the AMT Chair and Coordinator, adhere to the expectations and procedures described therein.*

*\_\_\_\_\_ I understand that a conflict of interest may prevent my participation as a member of the proposed AMT if the CBP partnership, in coordination with the AMT Chair, determine that the circumstances of my particular conflict of interest are not consistent with the intentions or purpose of the AMT charge. Furthermore, I understand that any such finding would NOT reflect an assessment by the CBP partnership of my actual expected behavior or in any way be an assessment of my character or my ability to act objectively despite the relevant conflicting interest.*

*\_\_\_\_\_ If I am not confirmed by the CBP partnership as an AMT member, I understand that there can be other opportunities to provide my expert input to the AMT, as described in the AMT charge and that I am welcome to discuss these opportunities with the AMT Chair and Coordinator.*

*\_\_\_\_\_ I affirm that as an AMT member I will respectfully consider the expert opinions and judgments of other members within the context of their perspectives, expertise, and experience, and I will reflect on these as I express my own expert opinions and formulate my own professional judgments. Further, I will base my findings, conclusions, and professional judgment on all of the relevant scientific evidence available to the AMT.*

*During your period of service in connection with the AMT for which this form is being completed, any changes in the information reported, or any new information which needs to be reported, should be reported promptly by written or electronic communication to the Team Chair and Coordinator.*

Signature Date

Print Name

Reviewed AgWG Co-Chair Date

Print Name

Reviewed AgWG Co-Chair Date

Print Name

1. Note: This form was created and informed by National Academies documentation found at http://www.nationalacademies.org/coi. [↑](#footnote-ref-2)
2. <https://www.chesapeakebay.net/who/group/agricultural_modeling_team> [↑](#footnote-ref-3)