



## CONFLICT OF INTEREST CERTIFICATION

### PART I: INSTRUCTIONS

In accordance with the Ethics in Government Act of 1978, you are required to complete and submit this certification as a result of your designation as an Agency Representative (ARS-PI, ERS-PI, NASS-PI or Co-PI, COR or COTR) prior to the effective date on any contract or extramural agreement. Agency Representatives may also be required to submit OGE Form 450, Confidential Financial Disclosure Report, should the permanently assigned duties and responsibilities of the employee's position meet financial disclosure criteria. The Office of Ethics will notify you if a financial disclosure report is required. **Failure to complete this certification as required will preclude you from serving as an Agency Representative. Carefully review and consider all statements before signing this document.**

This certification is effective based on your signature date and extends through the ending date of the specific agreement. You are required to notify your supervisor, Agency/Area Ethics Advisor and the Office of Ethics, should a change occur in your financial interests or outside activities which may affect this original certification. Your duties as an Agency Representative subject you to USDA Supplemental regulations which require that you seek prior approval for outside activities.

#### Instructions for ARS, ERS and NASS Principal Investigators:

- Agency PI shall complete Form SEB-102 prior to the award of all extramural agreements.
- The completed SEB-102 form will be uploaded into and maintained in ARIS in the "Dealings/Ethics" tab for those extramural agreements that are in ARIS.
- For extramural agreements not in ARIS, the completed SEB-102 form shall be forwarded to the Agency/Area Ethics Advisor for review, then sent to [Ethics-REE@usda.gov](mailto:Ethics-REE@usda.gov) for maintaining in the ethics files.

#### Instructions for CORs and COTRs:

- If no potential conflict of interest is indicated, the Agency Contracting Officer's Representatives (CORs) and Technical Representatives (COTRs) should submit their completed form to the Office of Ethics at [Ethics-REE@usda.gov](mailto:Ethics-REE@usda.gov)

#### Responsibilities:

- Agency Line Management will ensure the Agency PI's, CORs and COTRs are in compliance with the policies and procedures stated herein.
- Location Administrative personnel will assist the Agency PI with completion of the SEB-102, and uploading of the completed SEB-102 as necessary.
- The USDA Office of Ethics and the Agency/Area Ethics Advisors will maintain primary responsibility for monitoring this requirement and determining if a conflict of interest is apparent.

If you have determined you may have a conflict of interest, please refer to PART III of this form and immediately contact your supervisor, Agency/Area Ethics Advisor and the Office of Ethics.

# CONFLICT OF INTEREST CERTIFICATION

## PART II: EMPLOYEE CERTIFICATION

A. NAME (Last, First, Middle Initial)

B. TELEPHONE, FAX & EMAIL

Voice:

Fax:

E-mail:

C. USDA AGENCY/ORGANIZATION/AREA/LOCATION

D. NAME OF CONTRACTOR/COOPERATING ORGANIZATION

E. CONTRACT/AGREEMENT

START DATE:

END DATE:

F. CONTRACT/AGREEMENT NUMBER (For CRADAs, leave this section blank.)

I understand that Federal employees may not participate in official work that could result in a conflict of interest. Specifically, I understand that I am prohibited by a criminal statute, 18 U.S.C. § 208, from participating personally and substantially as a Government officer or employee on Government matters (such as a USDA contract, agreement or grant) that I, my spouse, minor child, general partner, organization in which I serve as officer, director, trustee, general partner or employee; or any person or organization with whom I am negotiating or have any arrangement concerning prospective employment, have a financial interest.

I understand the above prohibition specifically includes those situations where a USDA employee serves as an Agency Representative. I further understand that I must avoid serving in the above appointments where a financial interest with a contractor, its subsidiaries, or a cooperating organization exists.

### Loss of Impartiality

I also understand that, under 5 C.F.R. § 2635.502, I may not participate in any particular matter involving specific parties in which any of the following persons with whom I have a covered relationship is or represents a party, unless I am authorized in advance by my agency to participate pursuant to 5 C.F.R. § 2635.502. I have a covered relationship with the following:

- (1) other than a prospective employer, anyone with whom I have or seek a business, contractual or other financial relationship, that involves other than a routine consumer transaction;
- (2) members of my household, or relatives with whom I have a close personal relationship;
- (3) anyone for whom my spouse, parent or dependent child is, to my knowledge, serving or seeking to serve as an officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee;
- (4) anyone for whom I have, within the last year, served as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee; or
- (5) any organization (other than a political party) in which I am an active participant (e.g., a scientific or professional association).

# CONFLICT OF INTEREST CERTIFICATION

## PART II: EMPLOYEE CERTIFICATION Continued

NAME (Last, First, Middle Initial)

I have reviewed the foregoing and understand that performance of official duties on this assignment could result in a conflict of interest or loss of impartiality in circumstances such as those described below. Indicate whether each statement is true or false by checking the appropriate Yes or No column.

YES NO

1. I, my spouse or minor child, hold stock or other investment interests with the above listed contractor/collaborating organization.
2. I, my spouse, parent, minor or dependent child, hold a position as an officer, director, trustee, general partner, or employee (paid or unpaid) with the above listed contractor/collaborating organization.
3. My spouse, parent, minor or dependent child, close personal relative, household member, or anyone with whom I have, or seek to have a business arrangement or agreement, is or seeks to work on this project other than as an employee of the Federal Government.
4. My spouse, parent, minor or dependent child, close personal relative, household member, or anyone with whom I have, or seek to have a business arrangement or agreement, is seeking my assistance in obtaining Federal employment in order to work on this project.
5. I, within the last year, served as officer, director, trustee, general partner, agent, attorney, consultant contractor or employee for the above listed contractor/collaborating organization.
6. I, within the last year, served as a paid expert witness for the above listed contractor/collaborating organization.
7. I, within the last two years, received an extraordinary payment of \$10,000 or more from the above listed contractor/collaborating organization.
8. I, my spouse, parent, minor or dependent child, serves as an agent, attorney, consultant, or contractor with the above listed contractor/collaborating organization.
9. I have a business arrangement or agreement, such as re-employment rights, consultant agreements, pending severance arrangements, and retirement plans with the above listed contractor/collaborating organization.
10. I, my spouse or minor child, receives royalties paid by, or licenses and other agreements held with, non-Federal entities for commercialization of patent rights held in a personal capacity with the above listed contractor/collaborating organization.

If you have answered "yes" to any of the statements above, DO NOT SIGN the certification statement. You must fill out Part III of this form and contact your supervisor, Agency/Area Ethics Advisor and the Office of Ethics BEFORE participating in the contract/agreement.

If you answered "no" to all of the statements above, please sign and date the certification below. The form is now ready for uploading into ARIS (for ARS PIs) or forwarding to your Agency/Area Ethics Advisor (for agency CORs and COTRs).

*By signing below, I certify that the answers I provided above are true to the best of my knowledge and belief as of the date of my signature below. I also certify that I understand the conflict of interest and impartiality provisions to which I am subject. I agree to contact my supervisor, Agency/Area Ethics Advisor and the Office of Ethics with respect to any new interests that might raise a potential conflict of interest or loss of impartiality during the course of my service as an Agency Representative on this contract/agreement, and will refrain from working on the contract/agreement unless or until I have been authorized to do so.*

*I also understand that I must seek prior approval to engage in outside employment and activities by submitting Form OE-101, Request for Approval of Outside Activity, to my supervisor within a reasonable time before the activity/employment begins. I understand I may not begin the outside activity until I have received approval from my supervisor and the Agency/Area Ethics Advisor and/or the Office of Ethics.*

Signature of Employee

Date

## PART III: REQUEST FOR CONFLICT OF INTEREST DETERMINATION

If a possible conflict of interest is indicated in Part II, the employee should complete the following and immediately contact their supervisor, Agency/Area Ethics Advisor and the Office of Ethics.

PROVIDE A WRITTEN EXPLANATION AS TO WHY YOU CANNOT CERTIFY YOU DO NOT HAVE A CONFLICT OF INTEREST WITH THIS ASSIGNMENT:

**CONFLICT OF INTEREST CERTIFICATION**

**PART IV: AGENCY DETERMINATION**

The above notice of a possible conflict of interest has been evaluated; the Agency finds:

No Conflict

Conflict - corrective action required as follows:

Signature of Agency/Area Ethics Advisor

Date

**PART V: USDA OFFICE OF ETHICS REVIEW**

Concur

Do Not Concur for this reason:

Signature of Office of Ethics Specialist

Date