

DISCLOSURE OF FINANCIAL INTERESTS FORM

Member Identification:

Investigator Name: Linda Dimeff, PhD

Email Address: linda.dimeff@jasprhealth.com

Filing (ad hoc): First time

Grant Number(s): R44MH126819

Section 1 – Disclosure of Financial Interests

In compliance with Federal law and regulation and EBPI policies, disclosure of all relevant and significant financial interests is required of all investigators who are responsible for the design, conduct, or reporting of research. The interests which must be disclosed include those of the investigator, his or her spouse, dependent children, and other members of his or her personal household.

“Significant Financial Interest” means anything of monetary value, 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); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). It does not include any of the following:

- a. salary, royalties or other remuneration from EBPI, or any ownership interests in the EBPI;
- b. income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- c. income from service on advisory committees or review panels for public or nonprofit entities;
- d. financial interests in business enterprises or entities if the value of such interests, when aggregated with interests owned by the investigator’s spouse or dependent children, do not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures of fair market value and does not represent more than a 5 percent ownership interest for any single entity; or
- e. salary, royalties or other payments that, when aggregated for the investigator and the investigator’s spouse and dependent children, are not expected to exceed \$5,000 during the next twelve month period.

A. IDENTIFICATION OF POSSIBLE CONFLICT OF INTEREST

Please describe the relevant research activities that may be affected by the financial or ownership interest that you, your spouse, your dependent child(ren), or other members of your personal household may have. Complete the remainder of this section with this possible conflict of interest in mind.

Please insert additional pages as necessary to complete this section.

B. OWNERSHIP INTERESTS

List any corporation, partnership, proprietorship, trust, joint venture, and every other business interest, including land used for income in which either you or other members of your household own or have owned within the preceding 12 months that constitute a legal or equitable interest exceeding \$5,000 or five percent of total ownership, whichever is less, which **actually or potentially influences or conflicts with any of your research** at the EBPI. Ownership of intellectual property, e.g., patents, royalties, and copyrights, is also included and must be disclosed. If you or member(s) of you

household own more than five percent of the total ownership interests of a business, you must disclose the percentage held.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here .

Business Name and Address	Type of Business	Description of Interest*	Held by (you/spouse/other)	% Interest Held	Value
Portland DBT Institute, Inc.		Equity Interest - Non-publicly traded entity	Self	56%	\$280,000
Health Thrive Grow Behavioral Health, Inc.		Equity Interest - Non-publicly traded entity	Self	56%	\$16,800
Dimeff and Associates	PLLC	Equity Interest - Non-publicly traded entity	Self	100%	\$40,000

*Please use one of the following answer categories for Description of Interest here and in items below involving a description of interests:

- Equity Interest – Publicly traded entity (e.g., stock, stock option, or other ownership interest)
- Intellectual property rights (e.g., royalties, patents copyrights) not from the awardee institution
- Investment vehicles, such as mutual funds and retirement accounts, controlled by the Investigator
- Payment for services (e.g., consulting fees, honoraria, paid authorship)
- Reimbursement or sponsored travel
- Other (provide an explanation that describes the significant financial interest)

For each Significant Financial Interest include a description of how the financial interests relates to the funded research identified above and the basis for how the financial interest conflicts with such research.

Neither Portland DBT Institute nor Health Thrive Grow Behavioral Health, Inc. or Dimeff and Associates, PLLC will be engaging in any research related activities of this project, thus there is no financial conflict of interest.

C. RECEIPT OF COMPENSATION

List all places of employment and other business (excluding EBPI) from which you or any member of your household expect to receive \$5,000 or more in compensation per year as to which an independent observer could conclude could **actually or potentially influence or conflict with any of your research activities** at EBPI.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here .

Business Name and Address	Type of Business	Recipient of Compensation (you/spouse/other)	Description of Interest*	Annual Value
Portland DBT Institute		Self	Salary not from the awardee institution	\$40,000-\$59,999
Health Thrive Grow Behavioral Health, Inc.		Self	Salary not from the awardee institution	\$0
Health Thrive Grow Behavioral Health, Inc.		Self	Salary not from the awardee institution	\$0

*Please use definitions of **Description of Interest** provided above.

For each Significant Financial Interest include a description of how the financial interests relates to the funded research identified above and the basis for how the financial interest conflicts with such research.

Compensation is for activities completely unrelated to and does not conflict with this project. Neither Portland DBT Institute nor Health Thrive Grow Behavioral Health, Inc. or Dimeff & Associates PLLC will be engaging in any research related activities in Phase II of this project, thus there is no financial conflict of interest.

D. OFFICER OR DIRECTOR OF ORGANIZATION OR BUSINESS

List any organization or business in which you, your spouse, or any other member of your household, hold the position of officer, director, partner, or proprietor for which more than an aggregate of \$5,000 in compensation is received per year or more than five percent ownership interest is held which **actually or potentially influences or conflicts with any of your research** at EBPI.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here .

Business Name and Address	Position Held	Position Held by (you/spouse/other)	Description of Interest*	Annual Value

*Please use definitions of **Description of Interest** provided above.

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(2000 character limit on eRA Commons)

E. RECEIPT OF FEES AND COMMISSIONS

List each client or customer from whom you, your spouse, or any household member receives an aggregate of \$5,000 or more per year which could **actually or potentially influences or conflicts with any of your research** at EBPI. In the case of a partnership, it is the proportionate share of the fee or commission that is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report in this section, but may be required to report in Section C, above.

Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here .

Business Name and Address	Position Held	Position Held by (you/spouse/other)	Description of Interest*	Annual Value

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For each Significant Financial Interest include a description of how the financial interests relates to the funded research identified above and the basis for how the financial interest conflicts with such research.

(2000 character limit on eRA Commons)

Section 2 –Declaration

I, Linda Dimeff, hereby declare that this statement of significant financial interests (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interest required to be disclosed by law, regulation, or policy. I have read and agree to comply with EBPI on Conflicts of Interest and Investigator Financial Disclosure and the EBPI policy implementing the same. I have complied with Federal conflict of interest policies and regulations. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported when it becomes known to me.

Linda Dimeff

04/28/21

Signature

Date

Submit this form to EBPI for review and signature.

For each possible conflict of interest, please include a description of how the financial interests relates to the funded research/grant-funded project identified above and the basis for EBPI’s determination that the financial interest conflicts with such research. If financial interest does not conflict with the research/project, please note below.

The financial interests listed above do not conflict with the research study. Neither Portland DBT Institute nor Health Thrive Grow Behavioral Health, Inc. will be engaging in any research related activities in Phase II of this project.

REVIEW NOTES:

EBPI VERIFICATION: I have reviewed the potential or actual conflicts of interest with the above named individual. CHECK, AS APPROPRIATE: There is no conflict . There is an actual /potential conflict of interest, and a copy of this disclosure form and signed mitigation/resolution will be/has been agreed upon and saved in appropriate files.

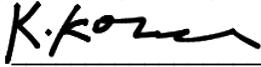
KEY ELEMENTS OF MITIGATION/MANAGEMENT PLAN: Include a description of the following elements in the mitigation plan:

- A. Role and principal duties of the conflicted Investigator in the research project
- B. Conditions of the management plan
 - a. All investigators involved with EBPI’s grants must manage conflicts of interest with the following management plan. [see VW facepage for BHRC financial disclosure. Use for all projects and all investigators]

- C. How the management plan is designed to safeguard objectivity in the research project [see above]
- D. Confirmation of the Investigator's agreement to the management plan [signed copy of the version to be submitted with the FCOI forms in era commons]
- E. How the management plan will be monitored to ensure Investigator compliance [annual reporting, investigator required to report if new SFI arises]
- F. Other information as needed

There is no conflict of interest at this time. A management plan will be developed and executed if a financial interest poses conflict to the research study.

DOES THE FCOI REPORT INCLUDE A FAILURE TO COMPLY WITH THE REGULATION? ___ Yes ___ No



EBPI Designated FCOI Official

04/28/21

Date

BHRC DISCLOSURE OF FINANCIAL INTERESTS FORM
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Member Identification:

Investigator Name: Cindy Schaeffer, PhD

Email Address: Cschaeff@som.umaryland.edu

Filing (Annual, First Time, ad hoc): First Time

Section 1 – Disclosure of Financial Interests

In compliance with Federal law and regulation and BHRC policies, disclosure of all relevant and significant financial interests is required of all investigators reviewed through the BHRC IRB who are responsible for the design, conduct, or reporting of research. The interests which must be disclosed include those of the investigator, his or her spouse, dependent children, and other members of his or her personal household.

“Significant Financial Interest” means anything of monetary value, 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); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). It does not include any of the following:

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- b. income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- c. income from service on advisory committees or review panels for public or nonprofit entities;
- d. financial interests in business enterprises or entities if the value of such interests, when aggregated with interests owned by the investigator's spouse or dependent children, do not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value and does not represent more than a 5 percent ownership interest for any single entity; or
- e. 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.

A. IDENTIFICATION OF POSSIBLE CONFLICT OF INTEREST

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Please insert additional pages as necessary to complete this section.

B. OWNERSHIP INTERESTS

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Please insert additional pages as necessary to complete this section.

If you have nothing to report in this section, check here .

Business Name and Address	Type of Business	Description of Interest	Held by ((you/spouse/other)	% Interest Held
Cindy M. Schaeffer, Ph.D.	Independent contractor	Intellectual property (IP) rights for the iKinect mobile app and royalties from the sales of the product being evaluated in this application, once it goes to market.	self	Not yet determined - in negotiations now.

C. RECEIPT OF COMPENSATION

List all places of employment and other business (excluding the BHRC) from which you or any member of your household expect to receive \$10,000 or more in compensation per year as to which an independent observer could conclude could **actually or potentially influence or conflict with any of your research activities** reviewed by the BHRC.

Please insert additional pages as necessary to complete this section.

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Business Name and Address	Type of Business	Recipient of Compensation ((you/spouse/other)

D. OFFICER OR DIRECTOR OF ORGANIZATION OR BUSINESS

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Section 2 –Declaration

I, Cindy Schaeffer, PhD, hereby declare that this statement of significant financial interests (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interest required to be disclosed by law, regulation, or policy. I have read and agree to comply with the BHRC on Conflicts of Interest and Investigator Financial Disclosure and the BHRC policy implementing the same. I have complied with Federal conflict of interest policies and regulations. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported when it becomes known to me.

Verified no changes via
email 3/24/21 (AKB)

3/1/2011

Orly Scheffer
Signature

11/2/17
Date

Submit this form to the BHRC IRB for review and signature.

VERIFICATION: I have reviewed the potential or actual conflicts of interest with the above named individual. CHECK, AS APPROPRIATE: There is no conflict . There is an actual /potential conflict of interest, and a copy of Disclosure Form B will be/has been sent to the BHRC IRB for resolution.

Travis Osborne
Chair of IRB

11/13/17
Date

Kaykan

4/28/21

DISCLOSURE OF FINANCIAL INTERESTS FORM

Member Identification:

Investigator Name: Kelly Koerner PhD

Email Address: kelly.koerner@jasprhealth.com

Filing (ad hoc): First time

Grant Number(s): R44MH126819

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(2000 character limit on eRA Commons)

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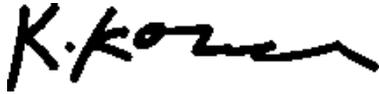
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(2000 character limit on eRA Commons)

Section 2 –Declaration

I, Kelly Koerner, hereby declare that this statement of significant financial interests (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interest required to be disclosed by law, regulation, or policy. I have read and agree to comply with EBPI on Conflicts of Interest and Investigator Financial Disclosure and the EBPI policy implementing the same. I have complied with Federal conflict of interest policies and regulations. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported when it becomes known to me.



04/28/21

Signature

Date

Submit this form to EBPI for review and signature.

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The financial interests listed above do not conflict with the research study.

REVIEW NOTES:

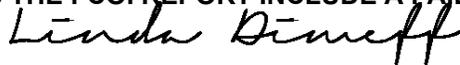
EBPI VERIFICATION: I have reviewed the potential or actual conflicts of interest with the above named individual. CHECK, AS APPROPRIATE: There is no conflict . There is an actual /potential conflict of interest, and a copy of this disclosure form and signed mitigation/resolution will be/has been agreed upon and saved in appropriate files.

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- F. Other information as needed

There is no conflict of interest at this time. A management plan will be developed and executed if a financial interest poses conflict to the research study.

DOES THE FCOI REPORT INCLUDE A FAILURE TO COMPLY WITH THE REGULATION? ___ Yes ___ X No



04/28/21

EBPI President

Date