



07/31/2018

Anonymous User Anonymous User

,

RE: PUBLIC RECORDS REQUEST of July 13, 2018, Reference # W004321-071318

Dear Anonymous User,

The University of Florida received a public information request from you on July 13, 2018. Your request mentioned:

"All records to, from, and about Kevin Folta regarding all financial disclosures, disclosures of outside activities, and conflicts of interest, including the dates that they were disclosed."

This was later clarified to the following:

"Please provide copies of all "Disclosure of Outside Activities and Financial Interests" forms for Kevin Folta."

The University has reviewed its files and has located responsive records to your request. These records have been included in this correspondence and there are no redactions.

This completes the public records request.

Sincerely,
University of Florida Public Records Request Center

Disclosure of Outside Activities and Financial Interests

Tracking number: 6

Kevin Folta
 Professor & Chair
 Horticultural Sciences

REVIEWER	REVIEWER'S SIGNATURE / DATE	APPROVED	NOT APPROVED	PENDING - NEEDS CLARIFICATION
ASSOCIATE DEAN Sherry L. Larkin	DocuSigned by: <i>Sherry L. Larkin</i> EF4D981183B24CB 5/17/2017	X		
COMMENTS:	This work crosses FY, technically needs two, but hours now are low ideally, if continues in FY17-18 then would submit one after 7/1/18			
ASSOCIATE DEAN Thomas A. Obreza	DocuSigned by: <i>Thomas A. Obreza</i> 8C0C315892B34F2 5/17/2017	X		
COMMENTS:	---			
ASSOCIATE DEAN Allen F. Wysocki	DocuSigned by: <i>Allen F. Wysocki</i> 0108E2A584D84FA. 5/17/2017			X
COMMENTS:	should fill in why no vacation taken under 2E If this is the second request, the total hours under 2J may not add up			
ASSOCIATE VP Jeanna M. Mastrodicasa	DocuSigned by: <i>Jeanna M. Mastrodicasa</i> 7277F4668043468 6/1/2017	X		
COMMENTS:	yes, take vacation days for this. ---			

Hudson,Susan H

From: Folta, Kevin M.
Sent: Thursday, May 18, 2017 9:38 AM
To: Hudson,Susan H
Subject: Re: Outside Activities request for Kevin M. Folta

Hi Susan,

Yes, this is the first for 17-18.

I didn't use vacation time because I think I only took one vacation for 5 days over the last 15 years, maybe a day or two here and there. I'm glad to tap into that, but didn't realize it was necessary. No big deal. I won't use them for vacation.

kf

Kevin M. Folta
Professor and Chairman
Horticultural Sciences Department
Plant Molecular and Cellular Biology Program and
Plant Innovation Program
University of Florida
Gainesville, FL 32611

352-273-4812

"Don't tell me what can't be done. Tell me what needs to be done, and let me do it." - Norman Borlaug.

Illumination (blog) <http://kfolta.blogspot.com>
Twitter @kevinfolta
Podcast: www.talkingbiotechpodcast.com

Please note that Florida has a broad public records law and that all correspondence to or from University employees via email may be subject to disclosure.

From: Hudson,Susan H
Sent: Thursday, May 18, 2017 9:23 AM
To: Folta, Kevin M.
Subject: FW: Outside Activities request for Kevin M. Folta

Hi Kevin.

Please state why no vacation hours will be used.

Also, This is the first disclosure for 2017-2018, correct?

Susan H. Hudson | Associate Director | Human Resources | T: 352-392-4777
PO Box 110281 | Gainesville, FL 32611 | shudson@ufl.edu

UF | IFAS
UNIVERSITY of FLORIDA

University of Florida
Disclosure of Outside Activities and Financial Interests
Disclosure Period: July 1, 2017 to June 30, 2018

Name Kevin Folta
 Title/Rank Professor and Chair
 Phone number 352-274-4350
 Email kfolta@ufl.edu
 % FTE 100

UFID 0817 6820
 Department or Unit Horticultural Sciences
 College or Division CALS
 University Contract Period
9 month 12 month

1. In accordance with University of Florida regulations, I report the following activity or financial interest. Please check the category or categories of the activity or financial interest as described in the Instructions to this form:

- a. b. c. d. e. f. g. h. i. j. k. l. m. n.

2. Please provide the requested information on the activity or financial interest performed/proposed during the University contract period as identified above. Please use additional pages if necessary. All activities and financial interests for one entity should be disclosed on one form. Additional activities and financial interests should each be reported on separate forms.

(a) Name of entity (or person) with which the activity is to be conducted, or name of entity in which the financial interest is held, and nature of its business:

Clifford-Chance, law firm in Germany, contact is Michael Kramer

Is the entity a for-profit entity or a not-for-profit entity ?

Does the entity or parent, subsidiary or affiliated organization of the entity sponsor your research at UF or license technology from UF you invented? Yes No

(b) Description of activity or financial interest. Please check all that apply.

Consultant

Director

Officer

Employee

Honorarium

Royalty recipient

Ownership interest

Percentage of ownership: _____

Value of ownership: _____

Type of ownership interest:

Stock (not publicly traded) ownership

Stock (publicly traded) ownership

LLC ownership

Partner

Sole proprietor

Other Describe _____

Stock Option or other Option Agreement

Other Describe _____

- (c) Source of and type of compensation: (e.g., company/organization/client and cash/expense reimbursement; in the case of legal representation or service as an expert witness, all parties to the matter must also be identified.):

Source of compensation Clifford Chance Deutschland LLC

Koenigsallee 59, Duesseldorf, 40215 Germany

Type of compensation Consultation fees

Amount or value of compensation TBD (approx \$400/hr)

- (d) Location and anticipated dates of activity: Gainesville, FL 3-4 hours before July, 2017. Additional dates next year.

- (e) Is this a one time or continuing activity? One time Continuing

If one time, estimated number of total hours, including travel time 40 hours

If continuing activity, estimated number of hours per week spent on the reported activity, including travel time: _____

If you earn vacation leave, indicate number of hours per week that will be taken 0

If none, explain why no vacation is to be taken. _____

- (f) Will University of Florida employees and/or students be involved in connection with the outside activity? No Yes _____ (Explain) It is a dispute in arbitration in Germany

- (g) Will University equipment, facilities or services be used in connection with the outside activity? No Yes _____
(If yes, please attach a completed Request to Use University Equipment, Facilities and Services in connection with Non-University Activity form.)

- (h) Are you required, as a condition of the employment/activity, to waive any rights you or the University of Florida might have to intellectual property you develop, including copyrights or patent rights?

No Yes _____

(If yes, the Office of Research must review and act on the employment/activity.)

- (i) Has this activity been reported before? No Yes _____

- (j) Total number of outside activity and financial interest reports submitted during this contractual period including this report 2.

Estimated total number of hours spent per week during this contractual period on all outside activities including this activity <1.

3. I understand that the activity and/or interests identified in the Instructions to this form must be reviewed and acted upon by the appropriate university officials as set forth below. For each activity or financial interest disclosed, other information may also be requested in order to completely review the activity or interest if there are potential conflicts involved.

4. I understand that if I (or my spouse, domestic partner, child or other relative) have a financial interest or a managerial interest in an entity, or an employment or other contractual relationship with an entity that proposes to do business with or does business with the University, I will submit a copy of this form to the University's Purchasing Services (with the purchase requisition if a purchase requisition is required) or the contracting authority at the university prior to the purchase being made or the University's entering into contract with the entity. I understand that if I am involved in the procurement or contractual process for the entity or for the University (including but not limited to making recommendations) I must inform the University office making the procurement or entering into the contract of my financial interest prior to the procurement or the signing of the contract in order that determination may be made whether the procurement and/or contract is allowable under Florida law and University regulations.
5. I have read the University's Regulation 1.011, and I understand my obligations under the regulation.
6. I hereby certify that the information reported here is accurate and complete. Further, I understand that my engaging in a non-university activity must not create a conflict of interest, unless such conflict is allowable under the law and University regulations, or interfere with the full and faithful performance of my University professional responsibilities or other University obligations.



 Employee's Signature

5/17/17

 Date

REVIEWER	REVIEWER'S SIGNATURE	APPROVED	DISAPPROVED	DATE
Chair or Supervisor (Printed Name)				
Dean, Director or other Appropriate Administrator (Printed Name)				
Office of Research (if applicable) (Printed Name)				
Purchasing Services or other Contracting Authority (if applicable) (Printed Name)				

7. Was conference held to discuss this disclosure? No Yes If yes, please write a brief summary of action taken: _____

8. The form should be returned to the employee and others noted below whether the activity is authorized as presented, authorized with conditions or not authorized. The returned copy should include all appropriate signatures. A copy of the form must be sent to Purchasing Services or other applicable Contracting Authority if the disclosure is made under c (and as further described under item 4 above).

IFAS Disclosure of Outside Activities and Financial Interests (Form 2627)

(This form should be submitted with and attached to University of Florida Form OAA-GA-L-267)

The following additional information is supplied in support of the request to engage in an outside activity and financial interest.

- (1) Describe the type and amount of work or employment/activity to be done in enough detail for a reviewer to understand what you propose to do and how the proposed activities benefit you, your program, IFAS and/or the University of Florida. (Use an additional page if necessary.)

I will serve as a consultant in an arbitration hearing in Geneva, Switzerland. Two large companies are in dispute over a genetic contamination event that happened years ago, leading to substantial losses. My role will be to provide scientific evaluation of evidence that helps define a timeline of the contamination and feasibility of mechanisms. The work is fascinating and it has so far been of great value to learn how companies deal with these kinds of issues around intellectual property. Thus far I have only been contacted by Clifford Chance law firm, and I spoke with one of the other experts in the arbitration. I am a good fit for this job.

- (2) Please check one of the following:

- This activity is consulting outside the State of Florida
 This activity is consulting in the State of Florida but it is on matters not related to my position
 This activity is not consulting
 This activity is not expert witness testimony inside the State of Florida

- (3) Each employee is expected to track the amount of time involved in outside activities. If you have provided other disclosures this fiscal year (July 1 – June 30), how many of the 52 days allowed (including this request) will have been used? This includes evenings, weekends, and holidays. 5

Requested by: (type or print) Kevin M. Folta

Signature: Kevin Folta

Date: 5/11/2017

This section is to be completed by unit leader. Please check the box for the following statements that are applicable and verify that each checked statement is true.

- The work done or product pursued in this requested activity cannot be met or addressed through normal resources and programs of IFAS
 The work done or product pursued is NOT part of the employee's regular salaried assignment
 The requested activity is NOT in competition or conflict with recognized consulting services within the State of Florida
 Official time, full or partial, is being authorized for this activity and a justification letter addressed to the appropriate Dean is attached

Supported and verified by Chair or Director: (type or print)

Signature: Kevin Folta

Date: _____



College of Agricultural and Life Sciences
Horticultural Sciences Department

1251 Fifield Hall
PO Box 110690
Gainesville, FL 32611
352-273-4812
kfolta@ufl.edu

May 11, 2017

Dear Dr. Burns,

I have been requested to serve as a compensated expert in an arbitration hearing between two parties. This work is not formally consultation work, it is more work as a professional witness, although there is no trial. The work is beyond my normal job at the University of Florida. My services have been requested by Clifford Chance, a law firm involved in the mediation, and I am uniquely positioned to assess the evidence of cultural and genetic practices of the parties involved to help inform a fair and reasonable decision through arbitration.

I have filed the appropriate paperwork for outside work, and guarantee that this will all be performed beyond the normal work time in my jobs as Professor and Chair here at the University of Florida. I'm asking for approval to pursue this work.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin M. Folta".

Kevin M. Folta
Professor and Chair

Disclosure of Outside Activities and Financial Interests

Tracking number: 209

Kevin Folta
 Professor & Chair
 Horticultural Sciences

REVIEWER	REVIEWER'S SIGNATURE / DATE	APPROVED	NOT APPROVED	PENDING - NEEDS CLARIFICATION
ASSOCIATE DEAN Sherry L. Larkin	DocuSigned by: <i>Sherry L. Larkin</i> EF4D9611B3B24CB... 4/23/2018	X		
COMMENTS: ---				
ASSOCIATE DEAN Thomas A. Obreza	DocuSigned by: <i>Thomas A. Obreza</i> DD7682D82505478... 4/23/2018	X		
COMMENTS: ---				
ASSOCIATE DEAN Allen F. Wysocki	DocuSigned by: <i>Allen F. Wysocki</i> 0108E2A5B4D84FA... 4/23/2018	X		
COMMENTS: ---				
ASSOCIATE VP Jeanna M. Mastrodicasa	DocuSigned by: <i>Jeanna M. Mastrodicasa</i> 7277F4866043496... 4/25/2018	X		
COMMENTS: ---				

**University of Florida
Disclosure of Outside Activities and Financial Interests
Disclosure Period: July 1, 2017 to June 30, 2018**

Name Kevin Foita
Title/Rank Professor and Chair
Phone number 352-273-4350
Email kfoita@ufl.edu
% FTE 100

UFID 08176820
Department or Unit Horticultural Sciences
College or Division CALS
University Contract Period
9 month x 12 month

209

1. In accordance with University of Florida regulations, I report the following activity or financial interest. Please check the category or categories of the activity or financial interest as described in the instructions to this form:

- a. b. c. d. e. f. g. h. i. j. k. l. m. n.

2. Please provide the requested information on the activity or financial interest performed/proposed during the University contract period as identified above. Please use additional pages if necessary. All activities and financial interests for one entity should be disclosed on one form. Additional activities and financial interests should each be reported on separate forms.

(a) Name of entity (or person) with which the activity is to be conducted, or name of entity in which the financial interest is held, and nature of its business:
Work as professional expert in a legal arbitration hearing.

Is the entity a for-profit entity or a not-for-profit entity ?

Does the entity or parent, subsidiary or affiliated organization of the entity sponsor your research at UF or license technology from UF you invented? Yes No

(b) Description of activity or financial interest. Please check all that apply.

Consultant

Director

Officer

Employee

Honorarium

Royalty recipient

Ownership interest

Percentage of ownership: _____

Value of ownership: _____

Type of ownership interest:

Stock (not publicly traded) ownership

Stock (publicly traded) ownership

LLC ownership

Partner

Sole proprietor

Other Describe _____

Stock Option or other Option Agreement

Other Describe _____

(c) Source of and type of compensation: (e.g., company/organization/client and cash/expense reimbursement; in the case of legal representation or service as an expert witness, all parties to the matter must also be identified.):

Source of compensation Company
Type of compensation Cash
Amount or value of compensation _____

(Please see attached letter)

(d) Location and anticipated dates of activity: Denver, CO; Jackson, MS; Frankfurt, Germany May 2018

(e) Is this a one time or continuing activity? One time Continuing

If one time, estimated number of total hours, including travel time 120 hours

If continuing activity, estimated number of hours per week spent on the reported activity, including travel time: _____

If you earn vacation leave, indicate number of hours per week that will be taken All

If none, explain why no vacation is to be taken. _____

(f) Will University of Florida employees and/or students be involved in connection with the outside activity? No Yes _____ (Explain) _____

(g) Will University equipment, facilities or services be used in connection with the outside activity? No Yes _____

(If yes, please attach a completed Request to Use University Equipment, Facilities and Services in connection with Non-University Activity form.)

(h) Are you required, as a condition of the employment/activity, to waive any rights you or the University of Florida might have to intellectual property you develop, including copyrights or patent rights?

No Yes _____

(If yes, the Office of Research must review and act on the employment/activity.)


(i) Has this activity been reported before? No _____ Yes

(j) Total number of outside activity and financial interest reports submitted during this contractual period including this report 2.

Estimated total number of hours spent per week during this contractual period on all outside activities including this activity 1.

3. I understand that the activity and/or interests identified in the Instructions to this form must be reviewed and acted upon by the appropriate university officials as set forth below. For each activity or financial interest disclosed, other information may also be requested in order to completely review the activity or interest if there are potential conflicts involved.

4. I understand that if I (or my spouse, domestic partner, child or other relative) have a material financial interest or a managerial interest in an entity, or an employment or other contractual relationship with an entity that proposes to do business with or does business with the University, I will submit a copy of this form to the University's Purchasing Services (with the purchase requisition if a purchase requisition is required) or the contracting authority at the university prior to the purchase being made or the University's entering into contract with the entity. I understand that if I am involved in the procurement or contractual process for the entity or for the University (including but not limited to making recommendations) I must inform the University office making the procurement or entering into the contract of my financial interest prior to the procurement or the signing of the contract in order that determination may be made whether the procurement and/or contract is allowable under Florida law and University regulations.
5. I have read the University's Regulation 1.011, and I understand my obligations under the regulation.
6. I hereby certify that the information reported here is accurate and complete. Further, I understand that my engaging in a non-university activity must not create a conflict of interest, unless such conflict is allowable under the law and University regulations, or interfere with the full and faithful performance of my University professional responsibilities or other University obligations.



 Employee's Signature

April 10, 2018

 Date

REVIEWER	REVIEWER'S SIGNATURE	APPROVED	DISAPPROVED	DATE
Chair or Supervisor (Printed Name) K. FOLCA	SELF, CONFLICT REVIEW			
Dean, Director or other Appropriate Administrator (Printed Name)				
Office of Research (if applicable) (Printed Name)				
Purchasing Services or other Contracting Authority (if applicable) (Printed Name)				

7. Was conference held to discuss this disclosure? No Yes If yes, please write a brief summary of action taken: _____

8. The form should be returned to the employee and others noted below whether the activity is authorized as presented, authorized with conditions or not authorized. The returned copy should include all appropriate signatures. A copy of the form must be sent to Purchasing Services or other applicable Contracting Authority if the disclosure is made under c (and as further described under item 4 above).

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The following additional information is supplied in support of the request to engage in an outside activity and financial interest.

- (1) Describe the type and amount of work or employment/activity to be done in enough detail for a reviewer to understand what you propose to do and how the proposed activities benefit you, your program, IFAS and/or the University of Florida. (Use an additional page if necessary.)

I have been asked to provide expert witness testimony for an upcoming arbitration hearing in May 2018. I have been retained by a law firm to provide this service. The activities benefit me by requiring me to deeply study pollination in a cereal crop, and to think about application of molecular markers in the process of tracking off-target gene flow. These topics may have eventual impacts at UF/IFAS.

- (2) Please check one of the following:

- This activity is consulting outside the State of Florida
- This activity is consulting in the State of Florida but it is on matters not related to my position
- This activity is not consulting
- This activity is not expert witness testimony inside the State of Florida

- (3) Each employee is expected to track the amount of time involved in outside activities. If you have provided other disclosures this fiscal year (July 1 –June 30), how many of the 52 days allowed (including this request) will have been used? This includes evenings, weekends, and holidays. 5

Requested by: (type or print) Kevin Folta

Signature: 

Date: April 10, 2018

This section is to be completed by unit leader. Please check the box for the following statements that are applicable and verify that each checked statement is true.

- The work done or product pursued in this requested activity cannot be met or addressed through normal resources and programs of IFAS
- The work done or product pursued is NOT part of the employee's regular salaried assignment
- The requested activity is NOT in competition or conflict with recognized consulting services within the State of Florida
- Official time, full or partial, is being authorized for this activity and a justification letter addressed to the appropriate Dean is attached

Supported and verified by Chair or Director: (type or print)

Kevin Folta

Signature: 

Date: April 10, 2018



College of Agricultural and Life Sciences
Horticultural Sciences Department

1251 Fifield Hall
PO Box 110690
Gainesville, FL 32611
352-273-4812
kfolta@ufl.edu

April 10, 2018,

RE: Outside Work Update

To Whom It May Concern,

This memo accompanies the forms for the 2017-2018 Outside Activities and Financial Interests, originally completed last year. I have been providing service as a scientific expert in an ongoing arbitration hearing working for the law firm of Clifford Chance. I have performed all work on my own time, or have used vacation time when travel was necessary.

The final phase of this hearing will be conducted in Frankfurt, Germany, May 14-25, 2018. I will use vacation time to participate.

To satisfy part 2(c) of the form, the work is to provide my expert evaluation of evidence in a case between Bayer Cropscience and Aventis Pharma. I am being compensated at \$600/hour.

The work has no overlap with duties at the University of Florida / IFAS, as stated on the attached form. While Bayer Cropscience sponsors work in my laboratory, that project was initiated long before the consultancy, and the two have no overlap, even remotely.

I fully expect to be available, accessible and engaged with university work for the duration of this "vacation".

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin M. Folta".

Kevin M. Folta
Professor and Chair