

Post-Review Conflict of Interests Certification Form

Review Committee Name: _____

Date(s) of review: _____

I certify that in the review identified above, I did not participate in an evaluation of any proposal, or review panel evaluating a proposal or research and development concept:

- From any applicant institution or benefactor where I am an employee or where I am negotiating for employment;
- From any applicant institution or benefactor where I have received (within the last three years) or could receive a direct or indirect financial benefit in relation to or unrelated to the proposal under review;
- From any institution where I serve as an official, director, trustee, partner or have an outside activity;
- Submitted by a close personal relative, a member of my household, professional associate or if such individual receives financial benefits from or provides financial benefits to an applicant;
- From any institution that would affect the employment of a close relative or member of my household; and
- If there was an appearance of real or perceived conflict of interest, I recused myself from the review of the proposal, panel evaluating the proposal or was granted an appropriate waiver.

Certification

I fully understand the confidential nature of the review process and certify that in the review above I did not participate in an evaluation of any proposal with which I knowingly had a conflict of interest.

Print name

Signature

Date