

# DELAWARE CTR - ACCEL

## PRE-REVIEW CERTIFICATION REGARDING CONFLICT OF INTEREST FOR REVIEWERS OF GRANT APPLICATIONS WHO ARE FEDERAL EMPLOYEES

Name [Last, First]: \_\_\_\_\_

Address (employment): \_\_\_\_\_

Grant review panel: **DE CTR-ACCEL Proposals**

Date of grant review panel: \_\_\_\_\_ via Zoom Video Conference

### Check only one:

I have read the *NIH Conflict of Interest Rules: Information for Reviewers of Applications for NIH Grants, Cooperative Agreements, and Fellowships*, and examined the list of applications/contract proposals to be reviewed.

I hereby certify that:

- I do not have** a conflict of interest and do not present the appearance of conflict of interest with any of the applications/proposals to be reviewed.
- I have** a conflict of interest or present the appearance of a conflict of interest with the specific applications listed below and hereby recuse myself from their review. Indicate the specific applications in the table below by writing the full PI/applicant name:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Pre-Meeting Certification: Reviewer Who Is A Federal Employee

I hereby certify that, based on the information provided: I have complied with my agency's financial disclosure and ethical conduct requirements associated with service as an NIH reviewer and understand I must recuse from any review if I have a conflict of interest or apparent conflict of interest unless a waiver or authorization is granted by or in consultation with my ethics official. I certify that I have read and that I understand the [NIH Conflict of Interest Rules: Information for Reviewers of Applications for NIH Grants, Cooperative Agreements, and Fellowships](https://www.nih.gov/oc/ohrt/NIH-COI-Rules-Information-for-Reviewers-of-Applications-for-NIH-Grants-Cooperative-Agreements-and-Fellowships), and examined the list of applications to be reviewed. I hereby certify that, to the best of my knowledge and consistent with my understanding of potential consequences, including the prospect of penalties for falsification, concealment, fraud, and other actions as authorized by US Code Title 18 chapter 47 section 1001 (<https://www.gpo.gov/fdsys/pkg/USCODE-2011-title18/pdf/USCODE-2011-title18-partI-chap47.pdf>), I have disclosed all conflicts of interest that I may have with the applications and I fully understand the confidential nature of the review process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_