

## DELAWARE CTR - ACCEL

### POST-REVIEW CERTIFICATION REGARDING CONFLICT OF INTEREST FOR REVIEWERS OF GRANT APPLICATIONS

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

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

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

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

#### Post-Meeting Certification: Reviewer Who Is Not A Federal Employee

This is to certify that in the review identified above, I did not participate in an evaluation of any application: (1) from any applicant institution where I am a full- or part-time salaried employee or where I am negotiating for such employment; (2) from any applicant institution where I have received or could receive a direct financial benefit in relation to the application under review or have received or could receive a financial benefit from the applicant institution or offeror or principal investigator valued at \$10,000 or more per year that is unrelated to the application under review; (3) submitted by, or involves in a major professional role, a close personal relative, a member of my household, or professional associate, or if such person receives financial benefits from or provides financial benefits to an applicant; or (4) in which I had any other interest in the application or proposal that is likely to bias my evaluation of that application. If there was an appearance of, or real conflict of interest, I recused myself from the review of the application or was granted an appropriate waiver.

#### CERTIFICATION

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-part1-chap47.pdf>), 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 application with which I knowingly had a conflict of interest, unless an appropriate waiver was granted.

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

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