



NIH POST-REVIEW CERTIFICATION FORM

REGARDING CONFLICT OF INTEREST, CONFIDENTIALITY, AND NON-DISCLOSURE OF INFORMATION FOR REVIEWERS OF GRANT OR COOPERATIVE AGREEMENT APPLICATIONS AND R&D CONTRACT PROPOSALS

Scientific Review Group: _____

Date(s) of review: _____

A. Confidentiality and Non-Disclosure: I fully understand the confidential nature of the review process and agree: (1) to destroy or return all materials related to the evaluation; (2) not to disclose or discuss the materials associated with the review, my evaluation, or the review meeting outside of that meeting or with any other individual except as authorized by the Scientific Review Administrator (SRA) or other NIH designated official; (3) not to disclose procurement information prior to the award of a contract; and (4) to refer all inquiries concerning the review to the SRA or other designated NIH official.

B. Conflict of Interest For Non-Federal Reviewers: This is to certify that in the review identified above, I did not participate in an evaluation of any application or proposal: (1) from any applicant institution or offeror where I am a full- or part-time salaried employee or where I am negotiating for such employment; (2) from any applicant institution or offeror where I have received or could receive a direct financial benefit in relation to the application or proposal 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 or proposal under review; (3) submitted by 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 offeror. If there was an appearance or real conflict of interest, or (4) any application submitted by my former (within the past year) employer I recused myself from the review of the application/proposal or was granted an appropriate waiver.

C. Conflict of Interest For Federal reviewers: This is to certify that in the review identified above, I did not participate in an evaluation from (1) any applicant institution where I have an outside activity; (2) any applicant institution where I serve as an officer, director, trustee or partner; (3) any applicant institution where I am seeking employment; (4) any applicant institution in which I, my spouse, and my minor child hold, in aggregate, more than \$15,000 worth of stock; (5) any applicant institution where my spouse is employed; (6) any application submitted by a close personal relative, a member of my household, a colleague with whom I have a business or other contractual relationship, the employer of my spouse, parent, or child, or (7) any application submitted by my former (within the past year) non-Federal employer. If there was an appearance or actual conflict of interest, I recused myself from the review of the application/proposal or was granted an appropriate waiver.

CERTIFICATION

Under penalty of perjury (US Code Title 18 Chapter 47 section 1001), I fully understand the confidential nature of the review process and agree to confidentiality and non-disclosure (Paragraph A) and certify that in the review above I did not participate in an evaluation of any application or proposal with which I knowingly had a conflict of interest (Paragraph B or C).

Printed Name

Signature

Form with two columns: Printed Name and Signature, containing multiple horizontal lines for text entry.