

PROPOSAL REVIEW FORM

**Conflict of Interest Checklist
FEDERAL DISCLOSURE**

Principal investigators (PIs) or project directors (PDs) are required to sign this form for proposals to be submitted to the sponsor types listed below and must include it with proposals to the Sponsored Projects Office.

Principal investigators, co-principal investigators, and other individuals (e.g., postdocs) who have responsibility for the design, conduct, or reporting of a project must disclose their financial interests in any organization that might benefit from the research being conducted for proposals to the Public Health Service (PHS) (including National Institutes of Health (NIH)), the National Science Foundation (NSF), or other sponsors that have adopted the federal requirements for financial disclosure. Disclosure is required at the time a new proposal is submitted to the agency and whenever there is a change in the financial interests of a responsible individual.

See <http://researchcoi.berkeley.edu> for the Policy on Disclosure of Financial Interests Related to Sponsored Projects and other information.

PRINCIPAL INVESTIGATOR NAME: _____

PROPOSAL TITLE: _____

SPONSOR TYPE (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Public Health Service/National Institutes of Health | <input type="checkbox"/> American Heart Association |
| <input type="checkbox"/> National Science Foundation | <input type="checkbox"/> American Cancer Society |
| <input type="checkbox"/> UC Discovery Grants and UCOP Special Research Programs | <input type="checkbox"/> California Institute for Regenerative Medicine (CIRM) |
| <input type="checkbox"/> Subcontract from PHS/NIH or NSF | <input type="checkbox"/> International Vaccine Institute |

This section must be completed by the Principal Investigator:

PRINCIPAL INVESTIGATOR:

Do you, your spouse, or dependent children have any disclosable direct, indirect, or related financial interest(s) related to the work to be conducted as part of this proposed project? Interests are related to the research if they: could be affected by the results or outcome of the research, are in the sponsor of the research (even if unrelated to the research being proposed), or are in another entity conducting research or business that could be affected by the research.

- No**
 Yes - attach Federal Financial Disclosure Form [<http://researchcoi.berkeley.edu>]

ALL PROJECT INVESTIGATORS who have responsibility for the design, conduct, or reporting of a project:

List all project investigators below. Attach additional sheet if necessary.

Check Yes or No: Do other investigators, their spouses, or dependent children have any disclosable direct, indirect, or related financial interest(s) related to the work to be conducted as part of this proposed project? Interests are related to the research if they: could be affected by the results or outcome of the research, are in the sponsor of the research (even if unrelated to the research being proposed), or are in another entity conducting research or business that could be affected by the research.

Attach a separate Federal Conflict of Interest Disclosure Form for each individual checked Yes.

Name of Project Investigator	Disclosable Financial Interest
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes

PRINCIPAL INVESTIGATOR CERTIFICATION:

To the best of my knowledge, I certify that the information provided above is accurate.

Signature of Principal Investigator

Date