



**11. COST SHARE / MATCHING FUNDS:**

Does project include cost sharing or matching funds?

No

Yes If **yes**, these funds are:

Mandatory  Voluntary

\$ \_\_\_\_\_ University Contribution: Documentation

of funding source must be provided with proposal (attach letters of commitment from Dept, College, OR, etc.). **Do NOT include in-kind F&A here.**

**12. CONFLICT OF INTEREST**

	PI/PD _____	Inv. #2 _____	Inv. #3 _____
a. Do you have a consulting or financial relationship with a non-governmental external sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have a managerial role or significant financial interest in a company in the field of your research, or a firm doing business with the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have non-University, professional or income-producing activities involving ND students, staff or facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you, or any family members, have other potential conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*If you answered YES to any of the above questions, please complete and route disclosure form with proposal.**

<http://www.nd.edu/~research/forms/index.html>

**17. APPROVALS AND SIGNATURES**

**My signature below confirms my review of this proposal. It also certifies that the undersigned:**

- a) will ensure that all sponsored projects are conducted in accordance with the policies of the sponsor;
- b) will ensure that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
- c) understands that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties;
- d) PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded;
- e) will ensure that all investigators, staff and students working on the project have read, understand, and comply with the University's policies on Intellectual Property, the Drug Free Workplace, Conflict of Interest, Risk Management and other University research requirements;
- f) will disclose any and all items of intellectual property and assign them to the University as required by the IP Policy or sponsor policies;
- g) will be responsible for budget items including cost sharing items; and
- h) will comply with all federal, state, and local regulatory agency requirements related to project.

**For federal proposals, in accordance with federal requirements, it also certifies that:**

- 1) I am not delinquent in any federal debt;
- 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from current transactions by any federal department or agency;
- 3) I am familiar with and will comply with the Procurement Act (41USC Sec 432 as amended) – for contracts;
- 4) no federal appropriated funds have been or will be paid to influence or attempt to influence the granting of this award.

\_\_\_\_\_  
PI / Project Director / Date

\_\_\_\_\_  
Investigator #2 / Date

\_\_\_\_\_  
Investigator #3 / Date

\_\_\_\_\_  
Department Chair or Institute Director / Date

\_\_\_\_\_  
Department Chair or Institute Director / Date

\_\_\_\_\_  
Department Chair or Institute Director / Date

\_\_\_\_\_  
Provost/ Dean of College / Date

\_\_\_\_\_  
Provost/ Dean of College / Date

\_\_\_\_\_  
Provost/ Dean of College / Date

**Office of Research Use Only**

\_\_\_\_\_  
Director of Pre-Award / Date

\_\_\_\_\_  
Director of Office of Research / Date

**13. COMPLIANCE ISSUES – check if proposal includes any of these:**

Human subjects\*

Chemical hazards\*

Laboratory animals\*

Biological hazards\*

Radioactive materials

Select agents

Infectious agents

Recombinant DNA\*

\*Requires action by appropriate institutional committee.  
Contact: Dr. Rick Hilliard at 1-5386 or [Hilliard.1@nd.edu](mailto:Hilliard.1@nd.edu)

Protocol Number

Approval Date

# \_\_\_\_\_

**14. CAPITAL IMPROVEMENTS:** Does project require

Space renovation?  Yes\*  No

Additional space?  Yes\*  No

Utility upgrades?  Yes\*  No

\* If yes, complete form at

[www.nd.edu/~research/forms/PRFspacerequest.pdf](http://www.nd.edu/~research/forms/PRFspacerequest.pdf)

**15. INFORMATION TECHNOLOGY RESOURCES**

If your project requires additional computer resources from OIT, please notify OIT (Dewitt Latimer) at 1-7783 or [Latimer.6@nd.edu](mailto:Latimer.6@nd.edu).

**16. NEW CURRICULUM OR DEGREE**

Will project lead to new curriculum or new degree?

Yes\*  No

\*Attach detailed abstract.