

ALL Investigators must complete and sign a Conflict of Interest form on page 3)

- a. I am not delinquent on any federal, Debt, such as Taxes, Student Loans, etc.;
- b. I am not debarred, suspended, proposed for Debarment, declared ineligible, or voluntarily excluded from Transactions by a Federal Department or Agency;
- c. I will be responsible for Technical Conduct of the Work and will be responsible for Submission of Technical Reports;
- d. I am responsible for Compliance with Award Terms and Conditions;
- e. I am not aware of Potential Sponsor, Publishing Restrictions or Sponsor Requirements for Patent Rights in Violation of Board Regents Policies;
- f. I am have submitted the SHSU Conflict of Interest Disclosure Statement;
- g. The information contained on this Form and the Corresponding Proposal is accurate and complete.

Note: Each PI/Co-PI must sign this form and obtain signatures from their respective Chair and Dean.

Chairs and Deans need only to sign once if the PIs and Co-PIs report to the same respective Chair and Dean.

Signatures and Institutional Approvals: The PI attests that the above statements are true to the best of his/her knowledge and that s/he is aware of SHSU's regulations.

All appropriate Deans and Department Chairs must sign to certify that they have reviewed this proposal and all accompanying forms and approve the proposal submission, budget, and applicable cost sharing commitments.

PI:	Dept Chair:	Dean:	Date:
Co-PI:	Dept Chair:	Dean:	Date:
Co-PI:	Dept Chair:	Dean:	Date:
Co-PI:	Dept Chair:	Dean:	Date:
Co-PI:	Dept Chair:	Dean:	Date:
Co-PI:	Dept Chair:	Dean:	Date:
Associate VP for Research Administration:	Associate VP for Sponsored Research	VP for Academic Affairs <i>(if matching funds)</i>	President <i>(if over \$750k)</i>
Date:	Date:	Date:	Date:

SHSU FACULTY/STAFF CONFLICT OF INTEREST DISCLOSURE STATEMENT

NAME/TITLE:

COLLEGE:

DEPARTMENT:

PROPOSAL TITLE:

Proposed Start
Date

Proposed End
Date

CERTIFICATION: I have read and concur with the Sam Houston State University Conflict Interest Policy

Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, or other relatives living at the same address as faculty member) an officer, director, partner, trustee, employee, advisory board member or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project? If yes, describe in detail the nature and extent of the affiliation on a separate sheet) Yes No

Are you or any immediate family member the actual or beneficial owner of more than five percent (5%) or \$10,000 of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? (If yes, describe in detail the nature and extent of equity interest on a separate sheet) Yes No

Have you or any member of you immediate family derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$10,000 per year from the external organization funding this sponsored project or any external organization from which good and services will be obtained under this sponsored project? (If so, describe on a separate sheet the amount of the income and the reason for which it was or will be derived) Yes No

Do you have any affiliation with the external organization that would diminish your ability to fulfill your paramount obligations to your students, you colleagues, or the university; or have you involved any graduate student in a propriety capacity with the external organization? (If yes, describe on a separate sheet the nature of the affiliation and the amount of time per week you have dedicated to it) Yes No

SIGNATURES

Principal Investigator Date

Department Chair Date

Dean Date

ADMINISTRATIVE REVIEW AND APPROVAL

Based on the activity reported, to the best of my knowledge and in my judgement

No real or potential conflict of interests exists

A real or potential conflict of interest may occur which warrants further review. (Attach an explanation)

Associate Vice President for Research Date

PROPOSAL ROUTING INSTRUCTIONS

This is an internal document and should **not** be sent to the funding agency. Please contact the Office of Research Administration (ORA) at 936.294.4862 or 936.294.4032, if you have any questions regarding the proposal process.

PROPOSAL/CONTRACT INTERNAL ROUTING APPROVAL FORM REQUIREMENTS:

1. A copy of proposal guidelines (RFA/RFP) must be provided to ORA.
2. A detailed budget, budget justification, & a statement of work **must** be attached. **Budgets must be reviewed and approved by ORA prior to submission.**
3. A detailed budget, budget justification, & a statement of work is required for **ALL Subcontractors.**

PROPOSAL ROUTING PROCEDURE:

The PI/Project Director and CO-PI signs the proposal routing form after all of the information is provided. The PI also secures the approval signatures from the Department Chair and the Dean. Once the required signatures have been obtained, the PI submits the final copy of the proposal along with the approval routing form, including the proposal/statement of work, the budget, and all other pertinent forms as applicable to the Office of Research Administration for final review and approval. The ORA will route the proposal for the remaining required approval signatures.

INTERNAL REVIEW AND APPROVAL DEADLINES:

A proposal must be reviewed and approved by the appropriate University administrators, including Department Chairs, the College Dean, The Associate Vice President for Research Administration, The Associate Vice President for Sponsored Programs, etc. It is important to allow enough time for the review process and for the PI to make any requested changes. All proposals must be submitted to the Office of Research Administration (ORA) at least 10 working days prior to the submission deadline.