## 

## Kuali Research PI Certification Questions and References

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| **What am I certifying?** |

* (Y, N) I have a real or potential conflict of interest related to this work, as defined by the University of Maryland Policies and Procedures [11-3.10(a)](https://www.president.umd.edu/administration/policies/section-iii-academic-affairs/iii-100a) or [11-3.10(b)](https://www.president.umd.edu/administration/policies/section-ii-faculty/ii-310b).
* If yes to above, I have or will submit a [complete disclosure form](https://www.umresearch.umd.edu/RCO/New/ConflictofInterest.html#UMD%20Policy) in accordance with the Conflict of Interest Policies. If no to above, select N/A. (Y, N, N/A)
  + NOTE: Conflict of Interest disclosures are submitted outside of the proposal routing process through your Chair and Dean’s Offices.
* (Y, N) I have conducted [lobbying efforts](http://www.govrelations.umd.edu/lobbying-guidelines.html) related to this proposal.
* (Y, N, N/A) If capital equipment is required for this project, I affirm there is no comparable equipment available on campus for direct use on this project.
* (Y, N) I have disclosed in the proposal, as may be required, all professional activity performed within and outside of the University of Maryland (paid and unpaid), including foreign affiliations and/or support from other companies, universities, and government entities (eg. Talent programs; consulting activities). If you are unsure whether all disclosure requirements have been met please contact your ORA/SPA Contract Administrator.
  + Investigators should answer yes if: they have nothing to disclose or if they have disclosed the information in the proposal.
  + Investigators should answer no if: they have something to disclose but have not included the information as required in the proposal.
  + If the answer is no, the proposal should not be routed further until the disclosure is made and the answer can be updated to yes.
* (Y, N) I will contact ORA before making changes to the scope, budget, or institutional commitment in the final proposal.
  + NOTE: In most cases, KR serves as the method for making these changes. ORA must be notified of changes being made outside of the standard routing and award negotiation procedures.
* (Y, N) To the best of my knowledge, the information submitted within the proposal is true, complete, and accurate.
* (Y, N) I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, and/or administrative penalties.
* (Y, N) I accept responsibility for the scientific conduct of this project and will provide required progress reports if the proposal results in a project award.
* (Y, N) I will provide ORA with the final copy of the proposal as submitted to the sponsor, in addition to draft technical and other provisional material provided prior to submission.
  + NOTE: Typically, this is done by departmental research administrators, but this is particularly relevant when Investigators have the ability to submit directly to sponsors or program officers without institutional signoff.
* (Y, N) This proposal will be submitted to a [Public Health Service sponsor/prime sponsor, or a sponsor which follows the PHS Financial Conflict of Interest reporting guidelines](http://nrc59.nas.edu/pub/fcoi_agencies_phs_regs.html).
* (Y, N, N/A) If yes to above, I attest that all individuals responsible for the design, conduct, and reporting of this project have, or will, complete his/her [Financial Conflict of Interest disclosure](https://www.umresearch.umd.edu/RCO/New/FCOI.html) in accordance with the University of Maryland Policies and Procedures on Financial Conflicts of Interest in Public Health Service Funded Research [11-3.10(c)](https://www.president.umd.edu/administration/policies/section-ii-faculty/ii-310c). If this proposal is not to a PHS sponsor, answer N/A.
* (Y, N) I understand that ORA/SPA is the authorized University negotiator and signatory on behalf of the University. Investigators are not authorized to negotiate or sign on behalf of the University.