

OHS 2015 Review and Ranking Committee

Conflict of Interest and Confidentiality Certification

I certify that, based on the list of applications about to be reviewed by the OHS Review and Ranking Committee, I **[CHECK ONE: do do not]** have an actual or potential conflict of interest with respect to any application assigned to that committee. An individual has a conflict of interest in a proposal if that person, or a close relative or professional associate of that person, actually has or has the appearance of having:

1. Received or could receive a direct financial benefit of any amount deriving from an application or proposal under review;
2. Received or could receive a financial benefit from the applicant institution, offeror or principal investigator; or
3. Any other interest in the application or proposal that is likely to bias the individual's evaluation of that application or proposal.

A close relative means a parent, spouse, sibling, son or daughter or domestic partner.

A professional associate means any colleague, scientific mentor, or student with whom the reviewer is currently conducting research or other significant professional activities or with whom the member has conducted such activities within one year of the date of the review.

My conflict of interest as marked above is in the following application(s):

I understand that I may not review, score, rate, or otherwise participate in the discussion of any proposal in which I have a potential or actual conflict of interest.

I certify that, to the best of my knowledge, the above information is accurate and true:

Reviewer Signature: _____ Date: _____

Printed Name: _____

CONFIDENTIALITY:

I fully understand the confidential nature of the proposals, evaluations, and any review meeting discussions related thereto and agree: (1) to return or destroy all copies of review-related materials; (2) to erase all electronic review-related materials; (3) not to discuss these materials or the review proceedings with any individual except the staff of the Cleveland/Cuyahoga County Office of Homeless Services or current Review and Ranking Committee members; and (4) to refer all inquiries made of me concerning any aspect of the review proceedings to the Office of Homeless Services staff.

Reviewer Signature: _____ Date: _____

Printed Name: _____