

Researcher Certification by Proxy

To be uploaded to Proposal Development or Institutional Proposal record if Researcher Certification is completed outside the Kuali System. Please include any pertinent backup (email, etc.).

Proposal Title:

Prop Dev #:

Lab/unit Proposal Number:

1. I have reviewed and verified the activity type for this proposed research.

Yes

2. I have reviewed and verified the R&D discipline selected for this proposed research.

Yes

3. I have reviewed and verified that all compliance components pertaining to this proposal have been appropriately noted and addressed.

Yes

4. If capital equipment is required for this project, I affirm there is no comparable equipment available on campus for this project. If capital equipment is not required for this project, answer N/A.

Yes

No

NA

5. I have conducted lobbying efforts related to this proposal.

Yes

No

NA

6. I have a real or potential conflict of interest related to this work, as defined by the University System of Maryland Policy (III-1.11) and the applicable campus policies and procedures and a disclosure will be made if required.

Yes

No

7. I attest that 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 and all individuals responsible for the design, conduct, and reporting of the project have, or will, complete his/her Financial Conflict of Interest disclosure in accordance with the University and PHS policies. If this proposal is exempt from FCOI regulations (e.g. SBIR/STTR Phase 1), please select N/A. For your reference, a list of PHS sponsors can be found [here](#). If your proposal is not to a PHS sponsor/prime sponsor, or a sponsor which does not follow the PHS FCOI guidelines, please select No.

Yes

No

NA

8. I agree to not make any changes to the ORAA-approved proposal's scope, budget, or institutional commitment without first notifying ORAA and will provide a final copy to the central office as needed.

Yes

9. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, and/or administrative penalties

Yes

10. I accept responsibility for the scientific conduct of this project and will provide required progress reports if the proposal results in a project/award.

Yes

By affixing my signature below, I attest the information submitted on this certification form and within the proposal is true, complete, and accurate.

Researcher Name: _____ Signature: _____