

How to Complete a Research Foundation Conflict of Interest Form

1 Read paragraph and select box A or B as appropriate.

By signature below, the Chair/Department Head or the individual(s) that
By in the signature block listed as Chair/Department Head is certifying

- (1) That he/she/they is/are not and will not be in violation of the Uni
found at <http://louisville.edu/conflictinterest/coi-policies> by thi
- (2) That neither he/she/they nor any member of his/her/their immei
entity/individual involved in the performance of this contract?; ar
- (3) That any potential conflict of interest involving this contract has b
Interest policies and,

(A) there was no Conflict of Interest which was required to b

(B) this contract is being executed in accordance with an app

Signature

Signature - Chair / Department Head

Printed Name

Signature

Signature
*if funde

Printed N


2 Obtain signature from department chair / head.

(2) That neither he/she/they nor any member of his/her/their immediate family/individual involved in the performance of this contract²;

(3) That any potential conflict of interest involving this contract has been disclosed in accordance with UofL's Conflict of Interest policies and,

(A) there was no Conflict of Interest which was required to be managed by a Management Plan; OR

(B) this contract is being executed in accordance with an approved Management Plan.




Signature - Chair / Department Head

Printed Name

Title

Date



Signature
*if funded by sponsored project

Printed Name

Title

Date


3 Obtain signature from principal investigator if PSC will utilize sponsored project funds.

(2) That neither he/she/they nor any member of his/her/their immediate family/individual involved in the performance of this contract²; and

(3) That any potential conflict of interest involving this contract has been disclosed in accordance with UofL's Conflict of Interest policies and,

(A) there was no Conflict of Interest which was required to be managed by a Management Plan; OR

(B) this contract is being executed in accordance with an approved Management Plan.




Signature - Chair / Department Head

Printed Name

Title

Date



Signature - Principal Investigator (PI)
*if funded by sponsored project

Printed Name

Title

Date

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Send completed and signed form to Procurement Services with completed PSC document.