CIRM PRE- REVIEW CERTIFICATION FORM
REGARDING CONFLICT OF INTEREST FOR FACILITIES WORKING GROUP REVIEWERS OF GRANT APPLICATIONS

Name [Last, First]: _____

Address: _____

Employer: _____

Date(s) of review: _____

Check only one (and provide any comments or explanations on reverse side):

☐ I have read the attached "CIRM Conflict of Interest Policy for Facilities Working Group Members" and have examined the list of applications proposals to be reviewed, and hereby certify that, based on the information provided to me, **I do not have a conflict of interest in any application or proposal.**

OR

☐ I have read the attached "CIRM Conflict of Interest Policy for Facilities Working Group Members" and have examined the list of applications proposals to be reviewed. I hereby certify that, based on the information provided, I have a conflict of interest in the specific application(s) listed below and hereby recuse myself from their review.

I have a conflict of interest in the following application(s)/proposal(s) (Please identify applications and/or proposals by number and by name of principal investigator or company.)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Certification

I certify that I have read the attached "CIRM Conflict Policy for Facilities Working Group Members." I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge I have disclosed all conflicts of interest that I may have in the applications listed for review. I also certify that I fully understand the confidential nature of the review process and agree: (1) to destroy or return all materials related to it; (2) not to disclose or discuss the materials associated with the review, my evaluation, or the review meeting with any other individual except as authorized by the CIRM official; (3) not to disclose procurement information prior to the award of a contract; and (4) to refer all inquiries concerning the review to the designated CIRM official.

Signature: _____   Date:_____