

Project Co-Director Assurances Form

This form is to be completed on all grant applications, contract proposals, and requests for external project support.

Proposal #

Your Name

PI Name

Project Title

Conflict of Interest Statement

I have read and understand the conflict of interest and conflict of commitment policy as stated in the Faculty and Professional Personnel Handbook. I have indicated the one statement below that reflects my situation.

- I DO NOT have a significant conflict of financial interest or commitment related to this project.
- I DO have a significant conflict of financial interest or commitment related to this project.
I will upload the appropriate disclosure form to the documents area.

Supplemental Compensation

I am requesting supplemental compensation that is in addition to my regular, specified salary (this includes Summer Pay). Yes No

Project Director(s) Statement

My signature below certifies that

- (1) I will be responsible for technical conduct of the work and for submission of project reports;
- (2) I will be responsible for compliance with award terms and conditions set by the agency as well as with University policies.

In accordance with federal requirements, I certify that:

- (3) I have read and understand the Ball State University Policy and Procedures for Responding to Allegations of Research Misconduct;
- (4) I understand that all student researchers and/or post-doctoral fellows will be required to undergo responsible conduct of research training;
- (5) I am not delinquent on any federal debt; and
- (6) I am not debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any current transactions by a federal department or agency.

By typing my name in the box below, I hereby certify that the above information is complete and correct to the best of my knowledge.

Certification (type name) Date