



## ACF Certification Form Regarding Conflict of Interest/Confidentiality and Non-Disclosure For Reviewer of ANA Grant Applications

The ANA thanks you for agreeing to be a grant application reviewer. Our mission is to fund grants objectively and without bias. To this end, each reviewer must fill out this form before receiving any applications to review. Please take the time to read through the attached list of applications and identify any affiliations and financial interests that could be viewed as a **Conflict of Interest** to you, close relatives and/or professional associates.

**Conflict of Interest** is defined as:

- ❖ Any action by a reviewer in the grants review or awarding process which would affect, or could appear to affect, the reviewer's financial interest, or would cause the reviewer's impartiality in the grants process to be questioned.

A reviewer may not participate in the review or award of a specific grant application in which **any** of the entities listed below have a **financial** interest:

1. The Reviewer, the reviewer's spouse, parent, child, or partner;
2. Any organization (including a parent or subsidiary) in which the reviewer, the reviewer's spouse, parent, child, or partner serves as officer, director, trustee, partner or is otherwise similarly associated;
3. Any organization (including a parent or subsidiary) in which the reviewer, the reviewer's spouse, parent, child, or partner is negotiating for or has an arrangement concerning prospective employment or other similar association; or
4. Any organization (including a parent or subsidiary) in which the reviewer, the reviewer's spouse, parent, child, or partner has an interest with respect to any pending grant application competing under the same program as any other grant application to be reviewed by the same committee or group of field researchers.

*Please certify the following:*

I have read and understand the above definitions of conflict of interest and have examined the attached list of applications to be reviewed. I hereby certify that, based on the information provided to me, I do not have a conflict of interest with any other application other than those checked. If during the review there is an appearance or actual conflict of interest, I will excuse myself from the review of the application or will obtain an appropriate waiver.

In addition, I fully understand the confidential nature of the evaluation and agree:

1. To destroy or return all materials related to the evaluation;
2. Not to disclose or discuss the materials associated with the review, my evaluation, or the review meeting outside of that meeting or with any other individual except as authorized by the Grants Management Officer; and
3. To refer all inquiries concerning the review to the Grants Management Officer.

Application Reviewer:

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Signature

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Date

Attachment: List of applications to be reviewed