

Investigator Statement:

I have read and understood [SIU's Financial Conflict of Interest on Federal Grants Policy](#) and have made all required financial interest disclosures; will submit a proposal for a Conflict of Interest Management Plan if necessary; and will comply with any conditions or restrictions imposed by the University to eliminate, reduce, or manage conflicts of interest regarding my research.

Signature: _____ Date: _____

When completed, please forward form to ospa@siu.edu **prior to submission of your proposal.**

FOR OSPA USE ONLY

Form Received: _____

Verified by Director of OSPA: _____ Date: _____

Forwarded to Dean: _____

Pend#/BP# _____