Form CD-571
10/01

United States
Department of Commerce

REVIEWER CONFLICT OF INTEREST AND CONFIDENTIALITY CERTIFICATION FOR NON-GOVERNMENTAL PEER REVIEWERS

1. Confidentiality of Documents and Restriction on Contact

I understand that _____ applications for proposed awards are made available to reviewers solely for the purpose of reviewing those applications against the published evaluation criteria for the financial assistance program.

I agree not to discuss the contents of the applications outside the Department during or after the review process, and to discuss the proposals within the Department only with the other reviewers and Department staff members and in the context of, and under the procedures for, application review. I agree to follow the written instructions provided by the Department for the completion of review forms. I also agree to retain no copies of documents or parts of documents related to this review.

I further agree not to contact the originators of applications being reviewed concerning any aspect of theircontents. In addition, I agree not to use any information obtained as a result of my participation as a panel member for personal or private gain.

2. Conflict of Interest

I hereby certify that, to the best of my knowledge, I do not have a conflict of interest and that my particular circumstances are not likely to raise the appearance of a conflict of interest, impropriety, or the appearance of impairment of objectivity with respect to any application I am asked to review or comment on.

For purposes of this agreement, I understand that a financial interest may include employment, stock ownership, a creditor or debtor relationship, or prospective employment with an applicant. An appearance of impairment of objectivity could result from an organizational conflict where, because of other activities or relationships with other persons or entities, a person is unable or potentially unable to render impartial assistance or advice to the Government. It could also result from non-financial gain to the individual, such as benefit to reputation or prestige in a professional field.

I also recognize that I will be considered to have a financial or other interest, and therefore a conflict of interest, if any of the following has a financial or other interest in a financial assistance application I am asked to review or comment on:

(1) I, my spouse, minor child, or general partner;
(2) A profit or non-profit organization in which I serve as an officer, director, trustee, general partner, or employee; or
(3) Any person or organization with which I am negotiating or have an arrangement concerning employment, including consultantship, or a past employer (within the last year).

I recognize that this certification is a continuing representation. I acknowledge that it is in effect at all times until I have completed all of the work performed by me under this agreement.

If I discover that I might have a conflict of interest, might present a conflict of interest, or might have an appearance of impairment of objectivity with any application within the competition, I will immediatelyinform the appropriate Program official and refrain from further work as a reviewer until authorized to continue.

I also understand that my views as a non-Governmental peer reviewer will be protected from disclosure to the extent permitted by law.

PRINTED NAME	SIGNATURE	DATE