

Confidentiality and Conflict of Interest Agreement for Scientific Advisors and Representatives of Partners

CONFIDENTIALITY: All information contained in proposals, business plans, peer reviews and committee discussions is strictly confidential. Scientific Advisors and Representatives of Partners must not discuss with applicants and others any information relating to the review of a proposal or plan, or offer opinion on the chances of success or failure. All requests for information on a proposal or plan should be referred to the Chair responsible for the review committee.

Information used in evaluation of a proposal may be released to the applicants. However, the identity of reviewers will not be revealed by TFRI. Upon approval of funding, release of confidential information will be governed by a memorandum of understanding or a collaborative research agreement between TFRI and a recipient institution.

CONFLICT OF INTEREST (COI): TFRI takes every effort to ensure not only that its decisions are fair and objective, but also that its decisions are seen to be so. A Scientific Advisor or Partner must disclose any real or potential conflict of interest to TFRI and has a personal duty to bring all relevant facts to the attention of the review committee, and to be absent and not participate in the final decision step of a review. Conflicts of Interest include, but may not be limited to being:

- a Principal Investigator, Co-Investigator or Collaborator on a proposal
- from the same department, institution or company as the applicant
- a student or supervisor of the applicant within the past 7 years
- a close personal friend or relative of the applicant
- in a position to gain or lose financially from the decision, and
- unable for some other reason to provide an objective review of the proposal.

For greater certainty, TFRI has published its Conflict of Interest Policy at <u>www.tfri.ca</u>. The Chair is responsible for resolving any areas of uncertainty.

Declaration:

I, the undersigned, do hereby agree to adhere to the policies as described above:

Signature:	Date:	
-		

Name: _____

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