**Grant/Contract Nepotism Disclosure & Special Personnel Request Form**

*Instructions:* This form must be completed by a PI/PD prior to proposal submission for all extramural and UW System funding, including subawards, on which internal or external project personnel are proposed who are close relatives of the UWL PI/PD or co-PI/PD(s). Refer to the [UWL nepotism policy](https://www.uwlax.edu/grants/nepotism-policy/) for more information. A copy of the application narrative, budget, and budget justification must be included with this form for review by the designated representatives. Refer to the footnotes for further guidelines. Submit the completed form to the Office of Research & Sponsored Programs (ORSP), 243 Graff Main Hall, [grants@uwlax.edu](mailto:grants@uwlax.edu).

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| **Sponsor** | | |
| Primary Sponsor: | | Primary Sponsor Type: Choose an item.  Sponsor Deadline: Click or tap to enter a date. |
| Is this a subaward to UWL? Yes No |  | |
| If yes, specify pass-through entity(ies): | | |

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| **Project Personnel** | | |
| UWL PI/PD: | Department: |  |
| Co-PI/PD: | Department or Institution: |  |
| Co-PI/PD: | Department or Institution: |  |
| Co-PI/PD: | Department or Institution: |  |

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| **Proposal Information** | | | |
| Project Title: | | | |
| Proposal Type:  New  Supplement  Renewal/Continuation | Total Award Request: |  | Project Start Date: Click or tap to enter a date.  Project End Date: Click or tap to enter a date. |
| Direct Costs: |  |
| Indirect Costs: |  |

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| **Special Personnel Request** | | |
| As the project PI/PD, I am requesting permission to hire, pay, and/or consult with a close relative of myself or another co-PI/PD as part of the proposed project because of that person’s special credentials, knowledge, or skills, which are not readily available in other persons in this area. | | |
| Project Role  The proposed individual will be involved in the project as a: (Check all that apply.) | | |
| New UWL employee | | |
| Current UWL employee | | |
| External collaborator at a subrecipient institution. Institutional affiliation: | | |
| External consultant. Institutional affiliation: | | |
| Other – please explain: | | |
| Relationship  PI/PD or co-PI/PD Individual is Related to:  Individual’s Relationship to PI/PD or co-PI/PD: | | |
| Project Work Dates[[1]](#footnote-2)  Start Date: Click or tap to enter a date.  End Date: Click or tap to enter a date. | Project Effort[[2]](#footnote-3)  # person months:  Paid:  Unpaid:  # hours:  Paid:  Unpaid: | Project Compensation[[3]](#footnote-4) |
| Total Proposed Compensation from Extramural Award: |
| Total Proposed Compensation from Other Sources[[4]](#footnote-5):    List Other Sources: |
| Total Value of Committed, Unpaid Effort: |

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| **Special Personnel Request (continued)** |
| Describe method used to determine project compensation. |
| Describe the specific credentials, skills, and/or knowledge that uniquely qualifies this individual to work on the proposed project. |
| Outline plan for ensuring there is no conflict of interest, favoritism, etc. |

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| **Certifications & Required Signatures** | | |
| **PI/PD** | | |
| In signing, I certify that the above information is true to the best of my knowledge, and that I am in compliance, to the best of my knowledge, with federal law, state law, and all policies related to nepotism and conflicts of interest. I certify (1) that the information submitted is true, complete, and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the conduct of the project and the plans detailed in this document if an award is issued. Should the award be issued, I certify that I will comply with all applicable university, sponsor, state, federal, and award requirements. | | |
|  |  |  |
| *Printed Name* | *Signature* | *Date* |
| **Co-PI/PD** *(required only if requested personnel is a close relative to a co-PI/PD)* | | |
| In signing, I certify that the above information is true to the best of my knowledge, and that I am in compliance, to the best of my knowledge, with federal law, state law, and all policies related to nepotism and conflicts of interest. I certify (1) that the information submitted is true, complete, and accurate to the best of the my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the conduct of the project and the plans detailed in this document if an award is issued. Should the award be issued, I certify that I will comply with all applicable university, sponsor, state, federal, and award requirements. | | |
|  |  |  |
| *Printed Name* | *Signature* | *Date* |
| **HR or Risk Management Representative[[5]](#footnote-6)** | | |
| In signing, I certify that I have reviewed and support the proposed actions as outlined above. | | |
|  |  |  |
| *Printed Name* | *Signature* | *Date* |
| **ORSP Representative** | | |
| In signing, I certify that this document has been reviewed and approved by the appropriate university officials. | | |
| Melissa A. Nielsen |  |  |
| *Printed Name* | *Signature* | *Date* |

1. Indicate start and end dates for period individual will work on the project. [↑](#footnote-ref-2)
2. Indicate total number of person months or hours individual will commit to project, as outlined in the proposal. Include paid and unpaid effort. [↑](#footnote-ref-3)
3. Values should align with proposal budget, budget justification, and cost sharing. [↑](#footnote-ref-4)
4. Only list proposed compensation from other sources for individual’s work on this proposed project. [↑](#footnote-ref-5)
5. For personnel who are current or proposed new UWL employees, an HR representative signature is required. For personnel who are external collaborators or consultants, a Risk Management representative signature is required. [↑](#footnote-ref-6)