Gift Transmittal Checklist

NIH Policy Manual 1135 - GIFTS ADMINISTRATION

Appendix 2

Issuing Office: OFM 443-3184

This survey will help to determine whether NIH is in compliance with the statutory and delegated authorities to accept gifts (including grants) from the private sector, conditional and unconditional, monetary and nonmonetary, and whether there may be any potential for a conflict of interest.

	YES	NO
1. Will acceptance of the gift, to a reasonable person, compromise the integrity of or the appearance of the integrity of a Governmental program or of any official involved in that program? Note: For purposes of this analysis, you must consider the identity of the immediate donor of the gift to the agency, and may consider the identity of any entity that may have funded the donor. For example, if a gift comes to the agency from a private foundation, it is not necessary to determine if another entity supported the foundation's gift. However, if the agency knows that a donor's source of funds is from an entity or individual with whom the agency does not want to be affiliated, the agency, as a discretionary matter, may chose to decline the gift even though the donor poses no concerns. In another example, an NIH grantee making a gift to the agency would still be considered a prohibited source even if the grantee were making a subaward of funds from a private foundation that is not a prohibited source.	☐	☐
2. Will the acceptance of the gift and any of its conditions require the expenditure of funds not covered by the gift itself or income from the gift? For example, in the case of a research grant, is the grant alone insufficient to carry out the research activity, such that appropriated funds will also be required to conduct the activity? NOTE: The requirement of appropriated funds to conduct the activity must take into consideration the costs of e.g., employee resources, infrastructure, etc., in addition to the costs of the science/research.**	☐	☐
3. If the answer to the prior question was "Yes," is the project an articulated priority of the NIH/IC such that NIH or the IC would conduct the activity in the absence of the gift?**	☐	☐
4. Will the acceptance of the proposed gift create an actual or apparent conflict of interest for the IC or NIH?	☐	☐
5. Is there any matter pending before your Institute or Center, or to your knowledge, before NIH, that would affect the interest of the Donor, e.g., approval of a grant or award of a contract? If so, what? Indicate the nature of the matter .	☐	☐
6. Does your Institute or Center, or to your knowledge, NIH, control activity in which the donors have an interest or the potential for an interest, such as CRADAs, research and development or other contract programs, grant programs, or clinical trials? If yes, indicate which activities.	☐	☐
7. Will the amount/value, or the nature of the gift alone raise a significant concern?	☐	☐

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	YES	NO
8. Is the gift being offered for endorsement purposes?	☐	☐
9. Would acceptance of the gift appear reasonable to a member of the public?	☐	☐
10. Is the gift reasonable to administer?	☐	☐
11. Will the principal beneficiary of the gift be the NIH?	☐	☐
12. Are there donor imposed restrictions or conditions that undermine the integrity of the NIH's scientific/administrative review process or research mission?	☐	☐
13. Is the gift being offered to the NIH to support the activities of a specific employee?	☐	☐
14. What is the practical impact of the gift within the NIH or IC? _____ _____ _____		

***NOTE**: If the gift is from a determined "prohibited source" as defined in Section E.1 of this manual chapter, please ensure that you follow the applicable procedures outlined in (section C.1.a.). If your answer was "Yes" to any one of Question Nos. 1 – 8; or "No" to Question Nos. 9 – 11, careful scrutiny should be given to any unfavorable responses and the Office of the General Counsel should be consulted for advice.

Signatures:

_____ _____
IC Preparer Date:

_____ _____
IC Recommending Official Date:

_____ _____
IC Ethics Official Date:

_____ _____
IC Authorizing Official (See Delegation of Authority Finance No. 5) Date

**In accordance w/ Questions No. 2 and 3 above, I hereby acknowledge that all IC budgetary priorities and requirements will be followed.

_____ _____
IC Budget Officer Signature Date: