CHICAGO STATE UNIVERSITY

FOREIGN GOVERNMENT INTERFERENCE (FGI) AND RESEARCH SECURITY DISCLOSURE FORM

Policy Revision: September 2026

Investigator / Principal Investigator	
Grant Application / Funded NIH Grant No.(s)	
Role on Project(s)	
Project Date(s)	
Project Title(s)	
Funder / Sponsor	
Disclosure Type	☐ Initial ☐ Annual ☐ New FGI Disclosure

PURPOSE

This form documents an individual's acknowledgment and certification regarding Chicago State University's Foreign Government Interference and Research Security Policy. It does not replace required federal or University disclosures, including conflict-of-interest, conflict-of-commitment, export-control, international-travel, foreign-support, foreign-component, or sponsor-specific disclosures. If you are unsure whether an activity or relationship must be disclosed, contact the Office of Grants and Research Administration.

1. POLICY ACKNOWLEDGMENT AND GENERAL CERTIFICATION

☐ I have reviewed or been provided access to the Chicago State University Foreign Government Interference and Research Security Policy, Revision 9/26.

☐ I understand that legitimate international collaboration and academic engagement are supported, and that research-security reviews are based on relevant activities, relationships, disclosures, contractual obligations, sponsor requirements, and other objective factors.

☐ I understand that applicable federal sponsor requirements may be more restrictive and will control when applicable.

☐ I understand this form does not replace separate University, sponsor, or legal disclosures or approvals.

☐ I certify that my disclosures are complete, accurate, and current to the best of my knowledge, and that I will update them when circumstances change.

2. FOREIGN SUPPORT, AFFILIATIONS, AND INTERNATIONAL RELATIONSHIPS (choose one of the following)

☐ No reportable foreign support, affiliation, activity, relationship, commitment, or international activity.

☐ I have reportable foreign support, affiliation, activity, relationship, or commitment and have disclosed it through required University and/or federal systems.

☐ I am proposing an activity or relationship that has not yet been reviewed and will obtain required review or approval before proceeding.

If any item above applies, complete the following information for each reportable or proposed relationship. Attach additional pages if needed.

Foreign government/entity/institution/organization	
Country	
Nature of relationship/activity	
Dates / anticipated dates	
Compensation, support, resources, or benefits	
Relationship to CSU research/sponsored activity	
Disclosed through required systems?	☐ Yes ☐ No ☐ N/A ☐ Unsure

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Supporting documents	☐ Contract/agreement ☐ Appointment/employment letter ☐ Award/Grant ☐ Research description

3. FOREIGN TALENT RECRUITMENT PROGRAMS (choose one of the following)

☐ I am not participating in a foreign talent recruitment program.

☐ I am participating in a foreign talent recruitment program and have disclosed participation as required.

☐ I am considering participation and will consult the Office of Grants and Research Administration before participating or accepting compensation, an appointment, or another benefit.

☐ To the best of my knowledge, I am not participating in a Malign Foreign Talent Recruitment Program and will promptly report activity that may qualify.

If applicable, identify the program and briefly describe it:

4. FOREIGN COMPONENTS AND INTERNATIONAL COLLABORATIONS (choose one of the following)

☐ No foreign component or international collaboration related to my CSU research/sponsored activity.

☐ I have an international collaboration or foreign component that has been disclosed/reviewed as required.

☐ I am proposing an international collaboration or foreign component requiring review or sponsor approval before initiation.

Description of collaboration / foreign component	
Foreign organization/institution/researcher	
Location of activity	

When applicable, I will obtain required sponsor approval, comply with award/disclosure/export-control requirements, protect intellectual property and confidential information, follow data-security/cybersecurity requirements, and ensure restricted or export-controlled research is not accessed without authorization.

5. INTERNATIONAL TRAVEL

☐ No international travel in connection with CSU business/research.

☐ I will complete required international-travel reporting and security training.

☐ I will protect University devices, research data, credentials, and other research information while traveling, and promptly report loss or compromise.

☐ I will comply with applicable export-control, cybersecurity, funding agency, and University travel requirements.

Countries visited / expected to be visited	
Purpose of travel	
Foreign sponsor/reimbursing entity, if any	

6. RESEARCH INFORMATION, CYBERSECURITY, AND EXPORT CONTROLS

☐ I will follow CSU information-security and cybersecurity requirements and use University-approved systems for protected research information when required.

☐ I will protect passwords, authentication credentials, devices, research accounts, research data, intellectual property, controlled/proprietary/confidential information, and other restricted information.

☐ I will not permit unauthorized access, transfer, disclosure, or use of research information and will promptly report suspected cybersecurity incidents or compromises.

☐ I will comply with sponsor-specific requirements.

☐ Before transferring controlled technology, technical information, software, equipment, research materials, or other regulated items to a foreign person or foreign country, I will consult the appropriate University export-control regulations.

Does your research involve controlled, sensitive, proprietary, personally identifiable, export-controlled, or otherwise restricted information? ☐ Yes ☐ No ☐ N/A ☐ Unsure

If yes or unsure, briefly describe:

Has export-control or information-security guidance been obtained, if required? ☐ Yes ☐ No ☐ N/A ☐ Pending

7. TRAINING AND REPORTING

☐ I have completed all research-security training required for my role.

☐ I will complete required training within the applicable timeframe.

☐ I understand additional training may be required when requirements change, I begin covered work, research involves dual-use applications, or CSU determines it is necessary.

☐ I understand I must report suspected research-security concerns or violations.

Training completed / expected completion date	

8. RESEARCH SECURITY CONCERNS

Do you know of any actual, potential, or apparent concern involving any of the following?

Select all that apply. Do not include sensitive information beyond what is necessary; additional information may be requested separately.

☐ Undisclosed/inaccurately disclosed foreign support or affiliation

☐ Undisclosed foreign employment, appointment, or collaboration

☐ Undisclosed foreign component

☐ Foreign talent recruitment program / possible Malign Foreign Talent Recruitment Program

☐ Scientific, budgetary, or commitment overlap

☐ Conflict of interest or conflict of commitment

☐ Unauthorized access, use, transfer, or disclosure of research data or intellectual property

☐ Unauthorized access to confidential, controlled, proprietary, or sensitive information

☐ Export-control concern

☐ Cybersecurity or data-security concern

☐ Other research-security concern

☐ None known at this time

If a concern is identified, has it been reported to CSU? ☐ Yes ☐ No ☐ N/A ☐ I need guidance

Brief explanation (if applicable):

9. FINAL INDIVIDUAL CERTIFICATION

By signing below, I certify that: (1) I have read and understand, or have been provided an opportunity to review, the CSU Foreign Government Interference and Research Security Policy, Revision 9/26; (2) the information in this form and attachments is complete, accurate, and current to the best of my knowledge; (3) I have made or will make all required University and federal disclosures; (4) I will promptly update disclosures when circumstances change; (5) I will comply with applicable federal laws, regulations, sponsor requirements, award terms, and CSU policies; (6) I will protect research information and systems from unauthorized access, transfer, disclosure, or use; (7) I will obtain required review or approval before initiating activities requiring prior approval; and (8) I will cooperate with requests for additional information or documentation. I understand that failure to comply may result in corrective or disciplinary action and other remedies permitted by University policy, federal requirements, or law, and that CSU may disclose information when required by law, regulation, award terms, or an official request.

Investigator's Printed Name	
Signature	
Date	
Electronic Signature Accepted	☐ Yes ☐ No

CONTACT INFORMATION

Questions regarding this form or the Foreign Government Interference and Research Security Policy should be directed to:

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