

Subrecipient Financial Conflicts of Interest Certification Form
(For PHS and Non-PHS Organizations Applying PHS Requirements)

I. Proposal Information

Subrecipient Institution Legal Name: _____

Subrecipient Principal Investigator/Project Director: _____

Project Title: _____

UIC Principal Investigator: _____

II. Institutional Financial Conflict of Interest Information

- A. My organization **DOES HAVE** a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

Yes No

We are registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse:
http://sites.nationalacademies.org/PGA/fdp/PGA_070596.

- B. My organization **DOES NOT HAVE** a PHS-compliant Financial Conflict of Interest (FCOI) policy.

Yes No

My organization agrees to rely on the University of Illinois at Chicago's FCOI policy and procedures to comply with PHS Conflict of Interest regulations.

Note: Organizations checking this option are required to follow UIC's COI and FCOI policies:
http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/managing_conflicts/SFI_Guideline.shtml

III. Certifications

As the Authorized Representative, I certify the information listed above is true, complete and accurate to the best of my knowledge. Furthermore, I certify that subrecipient will comply with applicable FCOI regulations, including, but not limited to those set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F.

Authorized Representative Signature

Date

Print Name

Completed forms should be returned to the UIC PI department contact(s).