Project Title: _______________________________________________________________

Proposed Sponsor: _____________________________ Federal flow-thru: _______________________

RFSUNY PI: _____________________________ Subaward PI: _______________________

Subawardee Institution: _______________________________________________________________

EIN #: _____________________________ DUNS #: _______________________

If this subaward is funded through PHS*, Subrecipient (including 2nd and 3rd tier) must certify the following: in accordance with 42 CFR Part 50, Subpart F - Promoting Objectivity in Research, Section 50.604, Subrecipient hereby certifies:

A. _____ Subrecipient is in compliance with the above policy and has solicited and reviewed disclosures for each Investigator’s* Significant Financial Interests (SFI) to determine whether such SFI is reportable as a Financial Conflict of Interest (FCOI) that could affect the design, conduct or reporting associated with the work to be completed under this subaward.

OR

B. _____ Subrecipient will have implemented the above to conform to the requirements of the PHS regulations set forth, prior to receipt of any funds.

OR

C. _____ Subrecipient does not have an established policy and will comply with the Prime Recipients policy by completing the Prime Recipient Agency Specific Disclosure Form for each and every Investigator associated with the work to be completed under this subaward.

Please check Option A, Option B or Option C, above. If you select Option C, please notify us immediately via email. Please note that your institution may not qualify to be a subrecipient for this project. Should you need additional information, please contact our office via email at researchgrants@downstate.edu

If you select Option B, the University, prior to the commencement of any work at your site and the release of any subaward, will require you to confirm in writing that you have:

(i) implemented the requisite conflict of interest policy;
(ii) collected and reviewed disclosure forms from all relevant investigators for this project; and
(iii) reported any conflicts to the University.

Accepted and confirmed by:

Signature of Authorized Official _______________________________________________________ / ____________

Title ___________________________________________ email: _____________________________

Print Name of Authorized Official ___________________________________________________

*Investigator is defined as any individual, regardless of title or position, who is responsible for the design, conduct or reporting of results of the project.

Subrecipient FCOI Certification – Version 1.0 - 11/11/14