



Project Title: _____

Proposed Sponsor: _____

RFSUNY PI: _____

Subrecipient PI: _____

Sub Institution: _____

If this subaward is funded through PHS, Subrecipient must certify the following: in accordance with 42 CFR Part 50, Subpart F – Promoting Objectivity in Research, Section 50.604.

Your institutional official’s signature below serves as confirmation that your institution has a conflict of interest policy and process which conforms to the requirements of PHS regulations set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought” as amended in 2011. Your institutional official’s signature confirms that your institution has:

- (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.

If you are unable to complete this confirmation, you must immediately submit an explanation to researchgrants@downstate.edu. Should you need additional information, please contact our office by via email at researchgrants@downstate.edu

Accepted and confirmed by:

_____/_____
Signature of Authorized Signing Official **Date**

Title of Authorized Signing Official

_____/_____
Print Name of Authorized Signing Official **/ Email Address**