



BROWN

**Subrecipient Certification by Organizations Participating in Brown University Proposals**

**for PHS Funding (or Other Agencies that follow PHS Guidelines)**

**Part I**

**Investigator/Subrecipient PI Name:**

**Investigator Institution:**

**Brown University PI:**

**Project Title:**

A.  Subrecipient Organization/Institution certifies that ***it has or agrees to establish*** an active and enforced Financial Conflict of Interest (FCOI) policy that is consistent with the provisions of 2011 Revised FCOI regulations – “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought (42 CFR Part 50, Subpart F) and Responsible Prospective Contractors (45 CFR Part 94)”. Subrecipient also certifies that, to the best of its knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resultant agreement, and required by its FCOI policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient’s FCOI policy prior to the expenditures of any funds under a resultant agreement.

Tools are available on the NIH web site to assist institutions with policy development process, including a Checklist at: [http://grants.nih.gov/grants/policy/coi/checklist\\_policy\\_dev\\_20120412.pdf](http://grants.nih.gov/grants/policy/coi/checklist_policy_dev_20120412.pdf) and a FCOI tutorial at: <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>. You may also reference the guidance documents at [http://sites.nationalacademies.org/PGA/fdp/PGA\\_061001](http://sites.nationalacademies.org/PGA/fdp/PGA_061001).

B\*.  Subrecipient does not have an active and enforced Financial Conflict of Interest policy ***and agrees to abide by Brown University’s policy***, located online at: <http://www.brown.edu/research/compliance-education-training/research-compliance/conflict-interest/conflict-interest>

**Authorized Institutional Official Signature:** \_\_\_\_\_

Printed Name/ Title:

Date:

**\*If Box B is checked, complete Part II:**

**Part II**

Enter names of individuals working on this project who are **responsible for** design, conduct, or reporting of the research. Use additional sheets as necessary

Subrecipient PI Name and email:

Investigator:

Investigator: