



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 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.

B*. Subrecipient does not have an active and enforced Financial Conflict of Interest 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) - **and agrees to abide by Brown University’s policy**, located online at: <https://www.brown.edu/research/COIpolicy>

Authorized Institutional Official Signature: _____

Printed Name/ Title:

Date:

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

Part II

Enter the names of individuals working on this project who are *Investigators*, as defined under PHS FCOI regulations 42 CFR Part 50, Subpart F, and are **responsible for** design, conduct, or reporting of the research. Use additional sheets as necessary. All those named must complete a FCOI Assurance Form for Non-Brown University Investigators found at: <https://www.brown.edu/research/conducting-research-brown/forms-and-policies> (under Miscellaneous section)

Subrecipient PI Name and email:

Investigator Name and email:

Investigator Name and email: