



SUBRECIPIENT FCOI CERTIFICATION FORM - PROPOSAL

The United States Public Health Service (PHS) Financial Conflict of Interest (FCOI) policy (effective August 24, 2012) mandates that the Duke University determine if a subrecipient has a PHS-compliant FCOI policy, and also requires the subrecipient to disclose certain information should a FCOI be present. Duke University will collect this information prior to issuing a subagreement, and then annually at the time of renewal.

Subrecipient Information

Legal Name:

Project Title:

Institutional Financial Conflict of Interest Information

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.

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

Yes **No** My organization agrees to rely on Duke University's FCOI policy and procedures to comply with PHS Conflict of Interest regulations.

Note: Organizations checking this option are required to follow Duke's COI and FCOI policies: <http://medschool.duke.edu/files/FCOI-May-2011.pdf>.

Signature

Signature of Subrecipient's Authorized Official: _____ Date: _____

Name of Authorized Official: _____ Title: _____