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**

<table>
<thead>
<tr>
<th>Subrecipient Legal Name:</th>
<th>PI name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI email address:</td>
<td>PI phone number:</td>
</tr>
<tr>
<td>FCOI contact information (if different from PI):</td>
<td></td>
</tr>
</tbody>
</table>

**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](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: [https://medschool.duke.edu/sites/medschool.duke.edu/files/field/attachments/fcoi_policy_research_admin.pdf](https://medschool.duke.edu/sites/medschool.duke.edu/files/field/attachments/fcoi_policy_research_admin.pdf)

**Project Specific FCOI Information (Only required if using your organization’s FCOI policy)**

**Title of Proposal:**

☐ NO conflicts of interest need to be disclosed at this time.

☐ YES, there are conflicts of interest to be disclosed. **For each of the investigators on this project with a positive FCOI, please included the data requirements listed on page 2.**

**Signature**

Signature of Subrecipient’s Authorized Official: ___________________________ Date: ________________

Name of Authorized Official: ___________________________ Title: ___________________________
If there is a positive FCOI, please complete the following data requirements:

Grant number: ________________________________

PD/PI or contact PD/PI: ________________________________

Name of Investigator with the FCOI: ________________________________

Name of the entity(s) with which the Investigator has an FCOI

Nature of FCOI (e.g., equity, consulting fees, travel reimbursement, honoraria)

Value of the financial interest $0-$4,999; $5,000-$9,999; $10,000-$19,999; amounts between $20,000-$100,000 by increments of $20,000; amounts above $100,000 by increments of $50,000, or a statement that a value cannot be readily determined.

Provide a description how the financial interest relates to NIH-funded research and the basis for the Institution’s determination that the financial interest conflicts with such research.

Provide the key elements of the Institution’s management plan.