

Subrecipient Financial Conflict of Interest Certification

Subrecipient Financial Conflict of Interest (FCOI) Certification form for grants attributed to UHEI as main awardee by United States of America (US) public sources, notably the Public Health Service (PHS) and other US Funding Agencies.

Proposal Information:

Subrecipient Institution Legal Name: _____

Subrecipient Principal Investigator: _____

Project Title: _____

Main Award Number: _____

Principal Investigator at UHEI: _____

Institutional Financial Conflict of Interest Information

Please check options A-C and tick the box if the statement is correct.

A.

My organization **does have** a Financial Conflict of Interest (FCOI) policy that is compliant with respective US FCOI regulations, in particular 42 Code of Federal Regulation Part 50 Subpart F and 45 CFR Part 94 and my organization will rely on this policy and associated procedures. Subawardees must report identified FCOIs to UHEI within 30 days of receiving notice of the conflict.

B.

My organization **does not have** an FCOI policy that is compliant with respective US regulations, in particular 42 Code of Federal Regulation Part 50 Subpart F and 45 CFR Part 94. My organization agrees to rely on the UHEI's FCOI policy and associated procedures and will follow the "Heidelberg University Policy on Financial Conflicts of Interest".

C.

My organization **does not have** an FCOI policy that is compliant with respective US regulations, in particular 42 Code of Federal Regulation Part 50 Subpart F and 45 CFR Part 94. My organization certifies that it will have such FCOI policy at the time of the start of the period of performance. Subawardees must report identified FCOIs to UHEI within 30 days of receiving notice of the conflict.

Certification:

As the authorized representative, I certify the information listed above is true, complete and accurate to the best of my knowledge. Furthermore, I certify that subrecipient will comply with applicable FCOI regulations, including, but not limited to those set forth in US 42 Code of Federal Regulations Part 50 Subpart F and 45 CFR Part 94.

Place, Date:

Authorized Representative Signature:

Print Name:
