



University of Pittsburgh

Documentation of PHS Subrecipient Financial Conflict of Interest (FCOI) Policy

University of Pittsburgh – Office of Sponsored Programs

(use for PHS funded projects only)

Potential Subrecipient:

You are receiving the attached form because you are a proposed subrecipient on a proposal that the University of Pittsburgh intends to submit for funding from one of the Public Health Service (PHS) agencies listed below. The PHS Conflict of Interest regulations require us to collect certain information from you at the time of proposal submission and during the life of the award. Step 1 is required for all proposals.

Step 2 and 3 are required only if Box 3.2 of Form 1 is checked.

Step 1. Subrecipient Authorized Organizational Official: Since you are not listed on the FDP PHS FCOI Clearinghouse at http://sites.nationalacademies.org/PGA/fdp/PGA_070596, **please complete**, sign and return the attached Form 1 along with your approved proposal documents to your administrative contact at the University of Pittsburgh. This form must be on file before the University of Pittsburgh can submit a proposal containing your proposed subaward/subcontract.

Step 2. If (and only if) the authorized organizational official has checked Box 3.2 of Form 1 indicating that the University of Pittsburgh’s conflict of interest policy will be followed (because your organization does not have its own PHS-compliant FCOI policy), then EACH subrecipient investigator (defined as a person responsible for the design, conduct or reporting of the research proposed under the subaward/subcontract) must also complete, sign, and return a copy of Form 2 to the University of Pittsburgh. Please return all of the completed forms with your proposal.

Step 3. Every investigator who completes Form 2 must also take the University of Pittsburgh training in Financial Conflict of Interest before any PHS funds are expended (i.e., before any subaward can be executed) and every three years thereafter during the period of the award. Additional training information can be found on the instructions for Form 2.

List of Public Health Service Agencies	
National Institutes of Health	(NIH)
Food and Drug Administration	(FDA)
Centers for Disease Control and Prevention	(CDC)
Agency for Healthcare Research and Quality	(AHRQ)
Agency for Toxic Substances and Disease Registry	(ATSDR)
Indian Health Service	(IHS)
Substance Abuse and Mental Health Services Admin	(SAMHSA)

Further information regarding the PHS regulations may be found at: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>



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FORM 1 Documentation of Public Health Service (PHS) Subrecipient Financial Conflict of Interest (FCOI) Policy

1) Proposal Information:

University of Pittsburgh PI: _____

Prime Sponsor: _____

Proposal/Project Title: _____

Subaward Period of Performance (From/To): _____

Proposed Subaward/Subcontract Total: \$ _____

2) Subrecipient Information:

Subrecipient Organization Legal Name: _____

Address: _____

3) Names of individuals who are responsible for the design, conduct, or reporting of research under the subaward/subcontract (add additional lines if necessary):

3.1) I will follow the PHS-compliant Conflict of Interest policy established and enforced by _____

3.2) I will follow the PHS-compliant Conflict of Interest policy established and enforced by the University of Pittsburgh.

Subrecipient PI: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____



University of Pittsburgh

Certification/Approval:

I certify that the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution. The appropriate programmatic and administrative personnel involved in this disclosure are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements and any FCOI management plans.

Signature:

Printed name:

Title:

Date:

Please complete, sign and return the attached Form 1 along with your approved proposal documents to your administrative contact at the University of Pittsburgh.