

# **DOCUMENTATION OF PHS SUBRECIPIENT FINANCIAL CONFLICT OF INTEREST POLICY**

Michigan Technological University - Office of Compliance, Integrity, and Safety

Dear Potential Subrecipient:

You are receiving this letter and the attached forms because you are a proposed subrecipient on a proposal that Michigan Technological University intends to submit for funding from one of the PHS agencies listed below. The PHS Conflict of Interest regulations require us to collect certain information from you at time of proposal, and during the life of the award. Part 1 is required for all proposals. Part 2 and 3 are required only if Box C.2. of Form 1 is checked.

Part 1. Subrecipient Authorized Official: Please complete, sign and return the attached Form to Michigan Technological University. This form must be on file before the Michigan Tech can submit a proposal containing your proposed subaward.

Part 2. If the authorized official has checked Box C(2) of this Form indicating Michigan Technological University's conflict of interest policy will be followed (because your organization does not have its own FCOI policy), then EACH subrecipient investigator (defined as a person responsible for the design, conduct or reporting of the research proposed under the subaward) must also complete, sign, and return a Form A to Michigan Tech. All "Form A's" must be on file before Michigan Tech can submit a proposal containing your proposed subaward. Please return the completed forms to Michigan Tech.

Part 3. Every investigator who completes a Form A must also take the training in Financial Conflict of Interest before any PHS funds are expended (before any subaward can be issued) and again once every 4 years. Training information can be found on instructions for Form A.

List of Public Health Service Agencies

National Institutes of Health (NIH)

Food and Drug Administration (FDA)

Centers for Disease Control (CDC)

Agency for Healthcare Research and Quality (AHRQ)

Agency for Toxic Substances and Disease Registry (ATSDR)

Health Resources and Services Administration (HRSA)

Indian Health Services (IHS)

Substance Abuse and Mental Health Services Admin (SAMHSA)

Further information regarding the PHS regulations may be found at:

<http://www.grants.nih.gov/grants/policy/coi/>

**DOCUMENTATION OF PHS SUBRECIPIENT FINANCIAL CONFLICT OF INTEREST (FCOI) POLICY**  
Michigan Technological University - Office of Compliance, Integrity, and Safety

Required when proposing a subaward for a sponsored research project to be funded under a PHS award

**A. PROPOSAL INFORMATION - to be completed by Michigan Technological University**

Michigan Tech PI \_\_\_\_\_ Proposal # \_\_\_\_\_  
Prime Sponsor \_\_\_\_\_  
Proposal/Project Title: \_\_\_\_\_  
Subaward Period of Performance: From \_\_\_\_\_ To \_\_\_\_\_  
Proposed Subaward Total \$ \_\_\_\_\_ Return form to **FCOI@mtu.edu**

**B. SUBRECIPIENT INFORMATION - to be completed by subrecipient organization**

Organization Name: \_\_\_\_\_ DUNS # \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
\_\_\_\_\_

**C. SUBRECIPIENT FCOI POLICY STATEMENT - to be completed by subrecipient organization**

- (1) *I will follow the Conflict of Interest Policy established and enforced by \_\_\_\_\_*  
*(Skip to Section D below) (Subrecipient Organization Name)*
- (2) *I will follow the Conflict of Interest Policy established and enforced by Michigan Technological University. Names of individuals working on this project who are responsible for design, conduct, or reporting of the research are shown below (Attach Form A for each).*

	Form A	Internal Use Only
Subrecipient PI: _____		_____
Investigator/Key personnel: _____		_____
Investigator/Key personnel: _____		_____
Investigator/Key personnel: _____		_____

(Attach additional pages if needed)

**D. APPROVAL - to be completed by subrecipient Authorized Official**

*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/or FCOI management plans consistent with those policies.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please return completed form to **FCOI@mtu.edu** or Michigan Technological University,  
Office of Compliance, Integrity, and Safety, 1400 Townsend Drive, 302 Lakeshore Center, Houghton, MI 49931