



Subrecipient Financial Conflicts of Interest Certification Form for NIH Grants

Proposal Information

Subrecipient Institution Legal Name: _____

Subrecipient Principal Investigator: _____

Project Title: _____

Mainaward No. _____

UZH Principal Investigator: _____

Institutional Financial Conflict of Interest Information

- A. My organization **does have** a Financial Conflict of Interest (FCOI) policy that is compliant with US regulation *42 Code of Federal Regulations Part 50 Subpart F* and my organization will rely on this policy and associated procedures.
- B. My organization **does not have** a FCOI policy that is compliant with US regulation *42 Code of Federal Regulations Part 50 Subpart F*.

Yes **No**

My organization agrees to rely on the University of Zurich FCOI policy and associated procedures. Organisations checking this option are required to follow paragraphs 3-7 "Reglement der Universitätsleitung betreffend den Umgang mit Forschungsbeiträgen der US-amerikanischen National Institutes of Health an der UZH" (English translation see on the reverse).

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 *42 Code of Federal Regulations Part 50 Subpart F*.

Place, Date _____

Authorized Representative Signature: _____

Print Name _____