

UNIVERSITY of
NORTHERN COLORADO

**FINANCIAL CONFLICT of INTEREST SUBRECIPIENT CERTIFICATION of COMPLIANCE
Public Health Service Funded Projects**

Subrecipient Organization Information:

Legal Name: _____

Authorized Official: _____ Email: _____

Title: _____ Phone: _____

University of Northern Colorado Information:

Principal Investigator Name: _____

Project Sponsor: _____

Source of Funding: _____

Project Title: _____

Subrecipient Certification of Financial Conflict of Interest Compliance (check the appropriate response):

I certify to the following:

Subrecipient has implemented and is enforcing a written policy of financial conflict of interest compliant with the **Public Health Service (PHS)** provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94. All Subrecipient investigators (individuals responsible for the design, conduct or reporting of the proposed project) have made the required disclosures in accordance with that policy. Should the proposed project be funded, Subrecipient will provide information related to any identified financial conflict of interest to the University of Northern Colorado prior to the execution of a sub-award; or, in cases where a disclosure is made during the course of the sub-award, within 45 days of receiving the Investigator's disclosure.

Or:

Subrecipient has **not** implemented a written policy of financial conflict of interest compliant with **Public Health Service (PHS)** provisions of Chapter IV, Part A of the current Award and Administration Guide. Subrecipient investigators (individuals responsible for the design, conduct or reporting of the proposed project) involved on this project will follow the Financial Conflict of Interest Policy of the University of Northern Colorado. Names of all Subrecipient investigators on the proposed project are identified below, and a University of Northern Colorado **Subrecipient Disclosure of Significant Financial Interests Form** has been completed and is attached for each investigator.

Investigator Name	Position or Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Subrecipient Authorized Official _____ Date _____

The signed Compliance form with Investigator Disclosure forms should be faxed to Sherry May at 970-351-1934 or emailed as attachments to sherry.may@unco.edu.