

Form 1: Subrecipient/Collaborator FCOI

Subrecipient/Collaborator: [Redacted]

Lead Principal Investigator/Collaborator: [Redacted] Phone Number: [Redacted]

E-mail: [Redacted] Sponsor (check one): NSF PHS Other: [Redacted]

Grant# (if applicable): [Redacted] WSU ORSO#: [Redacted]

Project Title: [Redacted]

The United States Public Health Service (PHS) Financial Conflict of Interest (FCOI) regulations and National Science Foundation (NSF) Proposal & Award Policies & Procedure Guide (PAPPG) mandate that Washington State University determine if a subrecipient has a PHS or NSF compliant FCOI policy and also requires the subrecipient to disclose certain information should a FCOI be present. Washington State University will collect this information prior to issuing a subaward and then annually at the time of renewal.

1. Check here if you are the Authorized Representative for your Institution and are acknowledging that subrecipient/collaborator has a FCOI policy or NSF Proposal & Award Policies & Procedure Guide (PAPPG) that conforms to 45 CFR Part 94 and 42 CFR Part 50, Subpart F and will monitor each person defined as Investigator whether paid or unpaid for FCOI and report to WSU as the primary awardee Institution prior to the expenditure of funds and/or within 60 days of any subsequently identified FCOI.

Yes No We are registered as an organization with a PHS or NSF compliant FCOI policy with the FDP Clearinghouse: http://sites.nationalacademies.org/PGA/fdp/PGA_070596.

If Question 1 is True, skip Questions 2-3. Otherwise complete remainder of this Form.

2. Check here if subrecipient/collaborator does not have a FCOI policy that conforms to 45 CFR Part 94 and 42 CFR Part 50, Subpart F or the NSF Proposal & Award Policies & Procedure Guide (PAPPG) and agrees to rely on Washington State University's FCOI policy and procedures to comply with PHS or NSF Conflict of Interest regulations.

Organizations checking this option are required to follow WSU's FCOI policies and procedures: <https://orso.wsu.edu/documents/2018/05/sfi-disclosure-form-2.pdf>

3. Name(s) of individuals working on this project who are responsible for design, conduct or reporting of the research are shown below (Attach Form 2 for each, please attach additional pages if needed).

Form 2 Attached?

Subrecipient PI:	[Redacted]	<input type="checkbox"/>
Investigator/Key Personnel:	[Redacted]	<input type="checkbox"/>
Investigator/Key Personnel:	[Redacted]	<input type="checkbox"/>
Investigator/Key Personnel:	[Redacted]	<input type="checkbox"/>

Certification: As the Authorized Representative, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. Furthermore, I certify that subrecipient/collaborator will comply to applicable FCOI regulations, including, but not limited to those set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F and the NSF PAPPG (when applicable).

Authorized Representative signature: [Redacted] Date: [Redacted]

Print Name: [Redacted]