

Form 1: Subrecipient/Collaborator FCOI

Subrecipient/Collaborator Entity Name:

Lead Principal Investigator/Collaborator:

Phone Number:

E-mail:

Sponsor: NSF] PHS] DOE] Other:]

Grant # (if applicable):

WSU ORSO#:

Project Title:

The United States Public Health Service (PHS) Financial Conflict of Interest (FCOI) regulations, Department of Energy (DOE) FCOI policy, and National Science Foundation (NSF) Proposal & Award Policies & Procedure Guide (PAPPG) mandate that Washington State University determine if a subrecipient has a PHS, DOE, 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
- 1A. Check here if you are acknowledging that subrecipient/collaborator has a PHS, DOE, or NSF compliant policy and will monitor each person defined as Investigators 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.

We are registered as an organization with a PHS, DOE, or NSF compliant FCOI policy with the FDP Clearinghouse: http://sites.nationalacademies.org/PGA/fdp/PGA_070596.

YES NO

If Question 1A is YES, skip Questions 2 and 3. Otherwise, complete the remainder of this form.

- 2. Check here if subrecipient/collaborator does not have a PHS, DOE, or NSF compliant policy, and agrees to rely on Washington State University's FCOI policy and procedures to comply with PHS, DOE, or NSF Conflict of Interest regulations.

Organizations checking this option are required to follow WSU's FCOI policies and procedures.

- 3. Name(s) of (Non-WSU) Individuals working on this project who are responsible for the design, conduct, or reporting of the research are shown below (Attach Form 2 for each Investigator).

Subrecipient PI:	Form 2 signed and attached: <input type="checkbox"/>
Investigator/Key Personnel:	Form 2 signed and attached: <input type="checkbox"/>
Investigator/Key Personnel:	Form 2 signed and attached: <input type="checkbox"/>
Investigator/Key Personnel:	Form 2 signed and attached: <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 2 CFR Part 200, 45 CFR Part 94 and 42 CFR Part 50, Subpart F, and the NSF PAPPG (when applicable).

Authorized Representative Signature:

Print Name:

Date: