

**COLUMBIA UNIVERSITY
SPONSORED PROJECTS ADMINISTRATION
FOLLOW-UP SUB-AWARDEE FCOI POLICY CONFIRMATION FORM**

Project Title: _____

Proposed Sponsor: _____

Columbia PI: _____

Sub PI: _____

Sub Institution: _____

In accordance with U.S. Public Health Service (PHS) regulations on financial conflict of interest in research, Columbia University (the “University”) requires disclosure of financial conflicts of interest by its PHS-funded subcontractors and award subrecipients. Should the application named above be funded, your institution will participate in this research project as a subrecipient in relationship with Columbia.

Your institutional official’s signature below serves as confirmation that your institution has a conflict of interest policy and process which conforms to the requirements of PHS regulations set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought” as amended in 2011. Your institutional official’s signature confirms that your institution has:

- (i) implemented the requisite conflict of interest policy;
- (ii) collected and reviewed disclosure forms from all relevant investigators for this project; and
- (iii) reported any conflicts to the University.

If you are unable to complete this confirmation, you must immediately submit an explanation to grants-office@columbia.edu (Medical Center) or at ms-grants-office@columbia.edu (main campus) but your institution may not qualify to be a subrecipient for this project.

This confirmation is required prior to the commencement of any work at your site and the release of any subaward funds to you. If you do not have the required conflict of interest policy in place, the University may not issue a subaward to your institution.

Should you need additional information, please contact our office by via email at grants-office@columbia.edu (Medical Center) or at ms-grants-office@columbia.edu (main campus).

Accepted and confirmed by

_____/_____
Signature of Authorized Signing Official **Date**

Title of Authorized Signing Official

_____/_____
Print Name of Authorized Signing Official **/ Email Address**