

LETTER OF COMMITMENT TO ESTABLISH A SUBRECIPIENT AGREEMENT

Form 3 – For use when UM is the subrecipient on a sponsored project requiring compliance with U. S. Public Health Services (PHS) Financial Conflict of Interest (FCOI) regulations

Prime Sponsor: _____

Project Title: _____

University of Michigan Internal Number (PAF ID): _____

University of Michigan Principal Investigator (PI): _____

UM PI E-mail: _____ UM PI Telephone: (_____) _____

Proposed Project Period: ____/____/____ thru ____/____/____

Direct Cost	Indirect Cost	Total Proposed Budget

Project Information	Yes	No	Assurance #	Approval Date or Pending
Human Subjects				
Vertebrate Animals				
Human Embryonic Stem Cells				

Conflict of Interest Policy Certification

We have certified to the Federal Demonstration Partnership (FDP) Clearinghouse and we have a conflict of interest policy which conforms to the requirements of all applicable regulations, including but not limited to those set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F. All University of Michigan Investigators identified in the proposal have disclosed any Significant Financial Interests.

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

DUNS#: 073133571

EIN#: 38-6006309

Congressional District: 12TH

Signature of Authorized University of Michigan Representative

____/____/____
Date

Name and contact information of Authorized University of Michigan Representative