

LETTER OF COMMITMENT TO ESTABLISH A SUBRECIPIENT AGREEMENT

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

University of Michigan Internal # (PAF ID): _____

Prime Sponsor: _____

University of Michigan Principal Investigator: _____

Application Title: _____

Please complete and return this form (or equivalent form or information) to the sender.

Subrecipient Name: _____

DUNS#: _____ EIN#: _____ Congressional District: _____

Subrecipient Principal Investigator: _____

E-mail: _____ 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

Please select one of the following that applies to the Subrecipient:

A.) We have certified to the Federal Demonstration Partnership (FDP) Financial Conflict of Interest (FCOI) Clearinghouse (http://sites.nationalacademies.org/PGA/fdp/PGA_070596).

B.) We have a conflict of interest policy or we are willing to apply the PHS FCOI policy to all Investigators participating on this project. (For a model Conflict of Interest Policy, see http://sites.nationalacademies.org/PGA/fdp/PGA_061001)

C.) We do not have a conflict of interest policy which conforms to the PHS FCOI policy. We agree that the University of Michigan will review all Investigators for a potential FCOI. Attached is the completed and signed "Non-UM Affiliate Disclosure Form" (<http://orsp.umich.edu/download/phs-fcoi/non-UM-affiliate-disclosure-form.pdf>) related to this project for each identified investigator.

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Assurances and Certifications:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

*The list of certifications and assurances, or an Internet site where you can obtain this list, is contained in the announcement or agency specific instructions.

Legal Entity Name: _____

Legal Name of the Subrecipient: _____

Please print the name and contact information of the Authorized Subrecipient Representative

Signature of Authorized Subrecipient Representative

Date: _____/_____/_____

Optional:

The following individuals, in addition to the Project Director/Principal Investigator, have been identified as an Investigator on this project and have disclosed:
