

The Research Foundation for The State University of New York SUNY Downstate Medical Center

Office of Research Administration, Pre-Award Division

Subrecipient FCOI Certification

Project Ti	itle:		
Proposed Sponsor:		Federal flow-thru:	
RFSUNY F	PI:	Subaward PI:	
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EIN #:		DUNS #:	
	nce with 42 CFR Part 50, Subpart F - P	ecipient (including 2 nd and 3 rd tier) must certify the following: in omoting Objectivity in Research, Section 50.604, Subrecipient	
Confl	stigator's* Significant Financial Interes	the above policy and has solicited and reviewed disclosures for each ts (SFI) to determine whether such SFI is reportable as a Financial the design, conduct or reporting associated with the work to be	
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	_Subrecipient will have implemented orth, prior to receipt of any funds.	the above to conform to the requirements of the PHS regulations	
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completin		hed policy and will comply with the Prime Recipients policy by Disclosure Form for each and every Investigator associated with .	
Please no		<u>pove</u> . If you select Option C , please notify us immediately via email. To to be a subrecipient for this project. Should you need additional at <u>researchgrants@downstate.edu</u>	
	ect Option B , the University, prior to t d, will require you to confirm in writin	he commencement of any work at your site and the release of any that you have:	
(i) (ii) (iii)	implemented the requisite conflict collected and reviewed disclosure reported any conflicts to the Univ	forms from all relevant investigators for this project; and	
Accepted	d and confirmed by:		
Signature	e of Authorized Official	/	
Title		email:	
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*Investigate	tor is defined as any individual, regardless o	f title or position, who is responsible for the design, conduct or reporting of	

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results of the project.