

## The Research Foundation for The State University of New York SUNY DOWNSTATE MEDICAL CENTER

#### Office of Research Administration, Pre-Award Division

### **Subrecipient FCOI Exception Request**

Subrecipient does <u>not</u> have an established Objectivity in Research / FCOI policy, entitled *Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought*, 42 CFR Part 50 Subpart F ("PHS Regulations"), as amended Aug. 24, 2012. The completion of this form, is required, in order for the Subrecipient to comply with and be subject to The Research Foundation for SUNY's policy on Financial Conflicts of Interest and Research. You must complete all of the information below for consideration by the Office of Research Administration, Pre-Award division. Completed forms should be sent via email to researchgrants@downstate.edu

Subawardee Institution:			
Subrecipient PI:		Email address:	
Address:			
		Amount:	
SUNY PI:		Email address:	
Project Title:			
		Award #:	
Anticipated Start Date:	Anticipa	ated End Date:	
1. Please provide a description	of the project, including	g the role of the subrecipient:	

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