

Documentation of Financial Conflict of Interest (FCOI) FORM A

University of California, San Francisco (UCSF)

Required when proposing a subaward for a sponsored research project under a Public Health Service (PHS) or Certain Agencies Award and the subrecipient institution is not registered with the [FDP FCOI Clearinghouse](#) or the project involves consultants.

A. PROJECT INFORMATION

UCSF PI:	Prime Sponsor:
Project Title:	

B. SUBRECIPIENT/CONSULTANT INFORMATION

Name of Individual Completing this Form:
Individual's Email Address:
Subrecipient/Consultant Organization legal name:
Organization's address (include zip/postal code):

C. SUBRECIPIENT/CONSULTANT FCOI POLICY STATEMENT (check one)

My institution has a conflict of interest policy that is compliant with the PHS regulation regarding objectivity in research, which is applicable based on the prime source of funding for this project, and I agree to follow it. My institution will provide information related to any identified FCOI to the University of California, San Francisco prior to execution of the subagreement, or in cases where disclosure is made during the course of the subaward, within 45 days of receiving the pertinent Investigator's disclosure. **(Skip to Section E.)**

My institution does NOT have a conflict of interest policy that is compliant with the PHS regulation, which is applicable based on the prime source of funding for this project. Therefore, I will follow the [Financial Conflict of Interest Policy established and enforced by the University of California, San Francisco](#). I will provide on the next page the name of every individual working on this project who is responsible for the design, conduct or reporting of the research. Names of individuals working on this project who are responsible for design, conduct, or reporting of the research are shown below in Section D. (Attach Form B for each.)

D. INVESTIGATORS

If your institution does NOT have PHS-compliant conflict of interest policy (as appropriate for the proposal funding source), list the names of the individuals working on this project who are responsible for design, conduct, or reporting of the research. If you will also be responsible for the design, conduct or reporting of the research, you must also add yourself to the list below.

Investigators
Subrecipient PI/Consultant:
Investigator/Key Personnel:

E. APPROVAL (To be completed by Subrecipient Authorized Organizational Official, Subrecipient Investigator or Consultant Investigator)

I certify that the information listed on this form is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution OR a subrecipient investigator OR a consultant investigator. The appropriate programmatic and administrative personnel involved in this disclosure are aware of Agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements and/or FCOI management plans consistent with those policies.

Signature: _____

Printed Name: _____

Title: _____

Date: _____