

**Documentation of Subrecipient
Financial Conflicts of Interest Policy Disclosure Form**
Jackson State University

Conflict of Interest Disclosure applies to any member of the research team responsible for the design, conduct or reporting of data.

I. Proposal Information	
I. Subrecipient Institution	JSU Principal Investigator/Project Director
_____	_____
Project Title	Subrecipient Authorized Representative
_____	_____
Subrecipient Award Total	Subrecipient Performance Period
_____	From _____ To _____

II. Financial Conflicts of Interest (FCOI) (To Be Completed by Subrecipient)

1. _____ Subrecipient organization certifies it that has a conflict of interest policy that it will follow which conforms to the requirements of all applicable regulations, including but not limited to those set forth in 45CFR Part 94 and 42 CFR Part 50, Subpart F , **and**;

(a) Subrecipient organization certifies that all personnel involved in the design, conduct and reporting of research data on the above named project disclosed to the Institution's designated official(s) the Investigator's significant financial interests and **none of the personnel involved** has an identified Financial Conflict of Interest.

(b) Subrecipient organization certifies that all personnel involved in the design, conduct and reporting of research data on the above named project have disclosed to the Institution's designated official(s) the Investigator's significant financial interests. The personnel listed below have an **identified Financial Conflict of Interest** which will be either, managed, reduced, or eliminated by the subrecipient organization.

OR

2. _____ Subrecipient will follow the Conflict of Interest Policy established and enforced by Jackson State University. The policy is found at: http://www.jsums.edu/ordsfr/FCOI_Policy.pdf. Enclosed is a copy of certificate for completion of the required FCOI training course and disclosure form for each personnel involved in the design, conduct and reporting of research on the above named project. The training course and disclosure form are found at: <http://www.jsums.edu/ordsfr/ooc/fcoi/> , **and**;

Names of person(s) working on this project that are identified as having a conflict of interest are listed below:

By signing below, I certify, to the best of my knowledge that the information reported herein is complete and accurate. I further agree to disclose new interests that are attained within 30 days.

Signature of Subrecipient Authorized Representative Date

Printed Name Title