

MONMOUTH UNIVERSITY OFFICE OF GRANTS AND CONTRACTS
FINANCIAL CONFLICT OF INTEREST SUBRECIPIENT COMMITMENT FORM:
FCOI ADDENDUM

New Public Health Service (PHS) Conflict of Interest requirements (effective August 24, 2012) and Monmouth University's revised Financial Conflict of Interest and Objectivity in Research Policy and Procedures require that Monmouth University determine if a potential subrecipient has a compliant FCOI policy. Please complete the following and return to Monmouth University's Director of the Office of Grants and Contracts at 400 Cedar Avenue, West Long Branch, New Jersey 07764. If you have any questions, please call Anthony Lazroe, Director of Grants and Contracts, at (732) 571-4491.

I. Subrecipient Information

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|--------------------------------|
| Name: |
| Organization's Address: |
| Title of Proposal: |

II. Financial Conflict of Interest Information

My organization does have a compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest Regulation.

Yes **No** We are registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse: http://sites.nationalacademies.org/PGA/fdp/PGA_070596

My organization DOES NOT HAVE a compliant Financial Conflict of Interest (FCOI) policy.

Yes **No** My organization agrees to rely on Monmouth University's Financial Conflict of Interest and Objectivity in Research policy and procedures to comply with PHS Conflict of Interest regulations.

II. Certification

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein.

Signature of Subrecipient's Authorized Official: _____

Name of Authorized Official: _____ Title: _____

Date: _____