



The University of New Mexico
HEALTH SCIENCES CENTER

HSC Financial Services – PreAward
MSC09 5220, 1 University of New Mexico
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Financial Conflict of Interest Compliance Confirmation

(Only applicable to PHS funded sponsors or those who have federal financial disclosure requirements)

Please confirm the following

- The subrecipient **has** written and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50 Subpart F. "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors."
- The subrecipient **Does Not** have an FCOI compliant conflict of interest policy and agrees to adopt the University of New Mexico's policy and complete the required (Moodle) training located online at <https://hsc-moodle.health.unm.edu>

Please confirm the following certification questions

- Are there any potential COI's or has there been any changes in your conflict of interest status that are required to be reported to the University of New Mexico Health Sciences Center?
- If you answered **Yes** to the above question: Have all identified conflicts of interest under this Agreement been managed, reduced or eliminated prior to the expenditures of any funds under this Agreement?

If you have a conflict of interest that requires management, UNMHSC will contact you for additional information.

- Have all the subrecipient's investigators completed the required FCOI training prior to engaging in any research related to any PHS funded grant/contract? If not, when do you anticipate training will be completed? _____

By signing this document I certify that I am authorized to sign on behalf of this institution/entity, the information provided above is complete and accurate to the best of my knowledge, and in compliance with all other laws and regulations applicable to my awards.

Signature _____ Date _____

Legal Name of Organization _____

Contact Name _____ Title _____

Phone _____ E-mail _____

COI Point of Contact if different than above

Contact Name _____ Phone _____

E-mail _____

Please note that the Subaward agreement(s) cannot be fully executed until all conflicts of interest are managed and reported to UNMHSC for PHS reporting, and all training has been completed. Failure to comply with any of these requirements may result in termination of your Subaward.