



Documentation of PHS Financial Conflict of Interest (FCOI) Policy

University of Colorado Denver -- Office of Grants and Contracts

To be completed by University of Colorado Denver Administrative Unit

A. PROPOSAL INFORMATION

University of Colorado Denver PI: PI Contact Phone:

Prime Sponsor:

Proposal/Project Title:

Period of Performance: From: To:

Return Form To: (Name) Return Form To: (Email)

To be completed by collaborating institution

B. COLLABORATOR INFORMATION

Organizational Legal Name:

Organization's Address: (Include ZIP Code/Postal Code)

To be completed by collaborating organization

C. COLLABORATOR FCOI POLICY STATEMENT

- (1) I will follow my organizations' Financial Conflict of Interest (FCOI) policy, which is compliant with the PHS Conflict of interest regulations. List participating individuals below.
- (2) I will follow the Conflict of Interest policy established and enforced by the University of Colorado Denver. Names of individuals working on this project who are responsible for design, conduct, or reporting of the research are shown below.

PI:

Investigator/Key Personnel:

(Please attach additional pages if needed.)

To be completed by Authorized Organizational Official

D. APPROVAL

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

Signature: Date:

Printed Name: Title:

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