

**Appendix B. Subrecipient Financial Conflict of Interest
Compliance Confirmation**

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

Please confirm one of the following:

- The subrecipient has a 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 a compliant financial conflict of interest policy and agrees to adopt NOCTRIX HEALTH, INC 's policy.

Please answer the following certification questions:

Have there been any changes in the conflict of interest status since completion of NOCTRIX HEALTH, INC's *Financial Interests Report* form (or subrecipient reporting form) that are required to be reported?

- Yes No N/A (not previously submitted)

If you answered "Yes" to the above question: Will all identified conflicts of interest be managed, reduced, or eliminated prior to the expenditures of any funds under the proposed subaward / subcontract?

- Yes No If no, please explain:

If you have a significant financial conflict of interest that requires management, please complete the attached *Financial Interests Report* form for NOCTRIX HEALTH, INC's PHS reporting requirements (or supply your institution's reporting form) and the accompanying management plan.

Will all of the subrecipient's investigators complete the required FCOI training prior to engaging in any research related to any PHS-funded grant/contract? Yes
 No

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
Print name: _____	Title: _____
Legal Name of Organization: _____	
Phone _____	Email _____

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