

PHS FCOI Policy: Principal Investigator Certification

Project Information

Principal Investigator:	Academic Title:
Project Title:	
Sponsor: <input type="checkbox"/> PHS <input type="checkbox"/> Other (e.g., American Heart Association, American Cancer Society): _____	
<input type="checkbox"/> Subcontract of PHS Funds from _____	

Transaction Type

- | | |
|---|---|
| <input type="checkbox"/> Proposal (non-Phoebe) | <input type="checkbox"/> New Award |
| <input type="checkbox"/> No-Cost Extension | <input type="checkbox"/> Non-Competing Continuation Award |
| <input type="checkbox"/> Supplement that Extends Project Period | |

Principal Investigator Certification

I certify that:

All required PHS Financial Disclosures have been submitted to the Sponsored Projects Office (SPO) for this transaction.

I understand that I must submit a PHS disclosure form for any new UC Berkeley investigator I add to this project in the future, and I may not use project funds to support any UC Berkeley investigator who makes a positive disclosure until the UC Berkeley Conflict of Interest (COI) Committee reviews and approves this disclosure.

I understand that no UC Berkeley investigator may participate in this project until the investigator provides me with a certificate of completion of PHS-compliant training dated within the last four years.

I understand that should I wish to establish a subagreement with a subrecipient without a PHS-compliant FCOI policy:

I must submit to SPO a PHS Financial Disclosure (Form 5) for each investigator who will be involved in the subrecipient's scope of work prior to the establishment of the subagreement or any supplements that extend the project end date.

I must verify to SPO that each subrecipient investigator has provided me with a certificate of PHS-compliant FCOI training dated within the last four years prior to the establishment of the subagreement or any supplements that extend the project end date.

I agree to maintain a file containing up to date certificates of PHS-compliant training for all UC Berkeley investigators and all investigators of any subrecipient that does not have a PHS-compliant FCOI policy for as long as each investigator is involved in the project and to make this information available to the UC Berkeley's COI Coordinator upon request.

Signature of Principal Investigator: _____ **Date:** _____