

**Institutional Declaration Form for Subrecipients/External
Investigators for Research Funded by the US Public Health Service (PHS) including NIH**

Part 1: Subrecipient/External Investigator and Institution Information

| | | | |
|---|--|------|--|
| Institution Name | | | |
| Institution Address | | | |
| DUNS # | | Date | |
| Investigators <i>(includes anyone who is responsible for the design, conduct or reporting of PHS funded research. Please add an additional page if required.)</i> | | | |
| Subrecipient/External PI | | | |
| Investigator | | | |
| Investigator | | | |

Part 2: Proposal Information

| | |
|-------------------|--|
| Title of Proposal | |
| Fund# (if known) | |
| McGill PI | |

Part 3: Institutional Financial Conflict of Interest Policy Information

- My institution **DOES HAVE** a PHS FCOI policy that will be followed by all subrecipient/external investigators. My institution will provide information related to any identified FCOIs to McGill prior to the execution of the subaward, or in cases where disclosure is made during the course of the subaward, within 45 days of receiving disclosure.
- My institution either **DOES NOT HAVE** a PHS FCOI policy or it does but the subrecipient/external Investigators have chosen to follow McGill's PHS FCOI policy.

Part 4: Signature

| | | | |
|---|--|--------|--|
| I certify that the information listed above is true, complete and accurate to the best of my knowledge, and that I am authorized to sign for the subrecipient/external institution listed above. My institution is knowledgeable about the PHS FCOI Regulations (42 CFR Part 50 and 45 CFR Part 94), and we are prepared to enter into an inter-institutional agreement that requires adherence to those Regulations. | | | |
| Signature: | | Date: | |
| Printed Name: | | Title: | |
| E-mail: | | | |

Upon completion, return this form to your Grants Officer at the Office of Sponsored Research (OSR).