

Subrecipient/Collaborator Disclosure form

Name of Subrecipient/Collaborator: _____

Subrecipient/Collaborator's Primary Institution (if applicable): _____

E-mail: _____ Phone Number: _____

BCM Principal Investigator: _____ *This section is for BCM Administrator use only*

Sponsor (check one): [NSF](#) [PHS](#) Other: _____

Grant # (if applicable): _____ BRAIN ESP2 #: _____

1. Click button if the subrecipient or collaborator's primary institution has a Financial Conflict of Interest (FCOI) policy that conforms to [2 CFR Part 200, Subpart B](#), and (if applicable) will monitor and report each FCOI identified for each person defined as an [Investigator](#), whether paid or unpaid, prior to the expenditure of any funds or participation in the research project funded at Baylor College of Medicine.
2. Click button if the subrecipient or collaborator does not have an FCOI policy that conforms to 2 CFR Part 200, Subpart B; **or** if the collaborator is working as a consultant not affiliated with an Institution or business.
 - 2a. No, I do not have [SFI\(s\)](#). No, I do not have [sponsored travel](#) to report that has occurred in the previous 12 months of this disclosure. I have reviewed the definition of an SFI, and neither I, nor my spouse or dependent children have an SFI that meets or exceeds the regulatory definition of an SFI related to my institutional responsibilities. I agree to conform to BCM's [FRCOI training](#) requirements.
 - 2b. Yes, I have SFI(s) or have traveled in the previous 12 months with expenses reimbursed or sponsored travel. I have reviewed the definition of an SFI, and I, my spouse, or my dependent children have an SFI that meets or exceeds the regulatory definition of an SFI related to my institutional responsibilities.

At notice of potential funding, I will fill out form [Appendix A: Disclosure of SFIs of Subrecipients and Collaborators](#) related to my SFI(s) and/or travel, and I agree to conform to BCM's [FRCOI training](#) requirements.

This FCOI form is being submitted for: *(Please select an option)*

Certification: As the [Authorized Representative](#), I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. Furthermore, I certify that subrecipient or collaborator will comply to applicable FCOI regulations, including but not limited to, those set forth in 2 CFR Part 200, Subpart B. Furthermore, by signing this form:

I agree that if BCM receives funding, BCM has the right to obtain additional information from an Investigator, subrecipient, or collaborator for any disclosed information on this form. To review definitions and BCM policy, please refer to our [Financial Interests in Research Manual](#).

Authorized Representative (Print Name): _____

Authorized Representative Signature: _____ Date _____

Subrecipient/Collaborator (Print Name): _____

Subrecipient/Collaborator Signature: _____ Date _____