

**OFFICE OF CONTRACTS AND GRANTS
PUBLIC HEALTH SERVICE (PHS) AND DEPT OF ENERGY (DOE) CONFLICT OF INTEREST (COI)
PRINCIPAL INVESTIGATOR CERTIFICATION**

UC, AGRICULTURE AND NATURAL RESOURCES

Project Information	
Principal Investigator: <input style="width: 300px;" type="text"/>	County/Program/REC: <input style="width: 300px;" type="text"/>
PI Email: <input style="width: 300px;" type="text"/>	Project Begin Date: <input style="width: 100px;" type="text"/> Project End Date: <input style="width: 100px;" type="text"/>
Project Title: <input style="width: 90%; height: 20px;" type="text"/>	
Sponsor: <input type="radio"/> PHS <input type="radio"/> DOE <input type="radio"/> Other (e.g., American Heart Association, American Cancer Society): <input style="width: 200px;" type="text"/>	
<input type="radio"/> Subcontract of PHS/DOE Funds from: <input style="width: 400px;" type="text"/>	

Type of Proposal/Disclosure		
<input checked="" type="radio"/> New Proposal	<input type="radio"/> Supplemental Funding Which Includes Time Extension	<input type="radio"/> Change of Grantee Institution
<input type="radio"/> Annual Reporting/Non-Competing Continuation	<input type="radio"/> No-Cost Time Extension	
<input type="radio"/> Renewal/Competing Continuation	<input type="radio"/> New Investigator Added to Project	

Principal Investigator Certification

The Public Health Service and Department of Energy requires that any person identified as senior or key personnel and others who direct or can materially influence the research, or who are responsible for the design, conduct, and reporting of such research, must disclose Significant Financial Interests and complete the Conflict of Interest Training.

I, as the Principal Investigator, certify that:

- All required PHS/DOE Financial Conflict of Interest (FCOI) Disclosures have been submitted to the Office of Contracts and Grants (OCG) for this transaction.
- I understand that I must submit a PHS/DOE disclosure form for any new UC ANR investigator I add to this project in the future, and I may not use project funds to support any UC ANR investigator who makes a positive disclosure until the UC ANR COI Committee reviews and approves this disclosure.
- I understand that no UC ANR investigator may participate in this project until the investigator certifies that they have completed the UCOP PHS/DOE -FCOI compliant training dated within the last four years. Each investigator must email the OCG analyst assigned to this project with a statement certifying that they have completed the UCOP PHS/DOE compliant FCOI training specifying the date completed OR provide OCG with a copy of their certificate of completion.
- I understand that should I wish to establish a subagreement with a subrecipient without a PHS/DOE -compliant FCOI policy:
 - I must contact OCG and will need to submit to OCG a PHS/DOE Financial Disclosure 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 OCG that each subrecipient investigator has provided me with a certificate of PHS/DOE -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/DOE -compliant training for all UC ANR investigators and all investigators of any subrecipient that does not have a PHS/DOE -compliant FCOI policy for as long as each investigator is involved in the project and to make this information available to the UC ANR's OCG upon request.

List of Investigators (add additional pages as necessary)

Signature of Principal Investigator: _____

Date: _____

Printed Name: _____