

ADDGENE, INC.
SUBRECIPIENT FCOI POLICY CERTIFICATION

You are receiving this form because you are a proposed subrecipient on a proposal that Addgene intends to submit for funding from one of the PHS agencies listed below. The PHS regulations require us to collect information regarding any financial conflicts of interest (FCOI) from you at time of proposal, and during the life of the award.

U.S. Public Health Service (PHS) Agencies

- | | |
|--|---|
| <ul style="list-style-type: none">• National Institutes of Health (NIH)• Food and Drug Administration (FDA)• Centers for Disease Control (CDC)• Agency for Healthcare Research and Quality (AHRQ) | <ul style="list-style-type: none">• Agency for Toxic Substances and Disease Registry (ATSDR)• Health Resources and Services Administration (HRSA)• Indian Health Services (IHS)• Substance Abuse and Mental Health Services Admin (SAMHSA) |
|--|---|

Step 1 - Subrecipient FCOI Policy Status (required if your organization is not registered in the [FDP Clearinghouse](#))

Subrecipient Authorized Organizational Official: Please complete, sign and return the attached Subrecipient Certification Statement along with the approved proposal to Addgene. ***This form must be on file before Addgene can submit a proposal containing your proposed subaward.***

Step 2 - Addgene FCOI Policy Applies (required only if Box B is ticked)

If and only if Subrecipient's Authorized Organizational Official has ticked Box B, indicating that Addgene's FCOI Policy will be followed because Subrecipient does not have its own FCOI policy, then EACH subrecipient Investigator (defined as a person responsible for the design, conduct or reporting of the research proposed under the subaward) must also complete, sign, and return Addgene's Form: Subrecipient Disclosure of Significant Financial Interest. As part of this disclosure form, each Subrecipient Investigator must certify that they have read and understood the referenced significant financial interests (SFI) training. SFI training must be repeated every four years. Please return the completed SFI disclosure form to Addgene.

Step 3 - Subrecipient FCOI Policy Applies (required only if Box A is ticked)

If and only if Subrecipient's Authorized Organizational Official has ticked Box A, indicating that Subrecipient will follow its own PHS-compliant FCOI policy, and if the Subrecipient's designated conflicts of interest official determines that one or more of its Investigators on this federally funded research will have a FCOI related to the research, then your institution must submit all the information below, which is required for a complete FCOI report.

NOTE: For new awards, FCOI information must be submitted ***prior to execution of the subcontractor agreement.*** For SFI disclosures made during the sponsored research project, FCOI information ***must be submitted within 45 days*** of your institution receiving the pertinent Investigator disclosure.

Required Information for FCOI Report

- | | |
|--|---|
| <ul style="list-style-type: none">• Name of Entity with which Investigator has FCOI• Type of financial interest (e.g., equity, consulting fee, travel reimbursement, honorarium)• Value of financial interest or statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value;• Description of how the financial interest relates to the federally-funded research and the basis for your Institution's determination that it conflicts | <ul style="list-style-type: none">• A description of the key elements of your institution's FCOI management plan, including:<ul style="list-style-type: none">○ Role and principal duties of the conflicted Investigator in the research project;○ Conditions of the management plan;○ How the management plan is designed to safeguard objectivity in the research project;○ Confirmation of the Investigator's agreement to the management plan;○ How the management plan will be monitored to ensure Investigator compliance; and○ Any other information as necessary. |
|--|---|

Tracking No. _____

Received/Filed By: _____

ADDGENE, INC.
SUBRECIPIENT CERTIFICATION STATEMENT

The information on this statement is required when a proposed PHS award subrecipient is not registered in the [Federal Demonstration Partnership \(FDP\) Clearinghouse](#).

Proposal Information (to be completed by Addgene)

Addgene Investigator:	Grant No.:
Federal Sponsor:	Research / Project Title:
Proposed Subward Period of Performance:	Proposed Subaward Total:

Subrecipient Information (to be completed by Subrecipient)

Organization Name:	
Address (including postal code):	
DUNS#:	EIN#:

Subrecipient FCOI Policy Statement

On behalf of Subrecipient organization named above, as its Authorized Official, I hereby certify that my institution:

BOX	<i>(tick <u>one</u> of the following choices)</i>
<input type="checkbox"/>	A.Does have a PHS-compliant FCOI policy. Accordingly, our institution's FCOI policy will be followed. My institution will provide the requisite information related to any identified FCOI to Addgene prior to the execution of any subcontract / agreement, or in cases where disclosure is made during the course of the subaward, within 45 days of receiving the relevant Investigator disclosure.
<input type="checkbox"/>	B.Does NOT have a PHS-compliant FCOI policy. Accordingly, subrecipient will follow Addgene's FCOI Policy. The names of each subrecipient Investigator are provided below along with their respective "Subrecipient Disclosure of Significant Financial Interest" forms (the "SFI" form), which have been completed and signed.

Investigators / Senior or Key Personnel	Date of SFI Form	Attached (Y/N)

Subrecipient Authorized Organizational Official Acknowledgment and Certification

I certify that the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution. The appropriate programmatic and administrative personnel involved in this disclosure are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements and/or FCOI management plans consistent with those policies.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

NOTICE: The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to Addgene's status as a nonprofit organization, may also be released to the public upon request. These records will be retained for 3 years after termination of this publicly funded research or until resolution of any action by the sponsor, whichever is greater.