

EXHIBIT 4
SUBRECIPIENT CERTIFICATION FORM

I. Subrecipient Information

Research Proposal Name: _____

Subrecipient Legal Name: _____

Subrecipient PI/PD Name: _____

Subrecipient PI/PD Contact Information

Phone: _____

Email: _____

II. Financial Conflict of Interest Policy

- My organization **DOES HAVE** a PHS-compliant Financial Conflict of Interest policy, and my organization will rely on this policy and its associated procedures to comply with the PHS Financial Conflict of Interest regulation.

- My organization **DOES NOT HAVE** a PHS-compliant Financial Conflict of Interest policy. My organization will rely on the Financial Conflict of Interest policy of Respiratory Health Association. My organization has read and understands the Financial Conflict of Interest policy of Respiratory Health Association, located at <http://www.lungchicago.org/research/>. Investigators affiliated with my organization will complete all training required by the policy.

III. Certification

As Authorized Representative for the Subrecipient, I certify that the information listed above is true, complete, and accurate to the best of my knowledge. I certify that my organization will comply with applicable FCOI regulations, including, but not limited to those set forth in 42 CFR Part 50, Subpart F.

Authorized Representative Signature

Date

Authorized Representative Printed Name