PHS Grant Subrecipient / Subcontractor Agreement Form –

University of Wahoozit’s Policy

Investigator Name:

Investigator Email:

Institutional affiliation:

UW-L PI/PD:

Project Title:

The above named investigator will be complying with the University of Wahoozit’s PHS FCOI policy. U-Wah’s FCOI policy complies with the current PHS FCOI regulations. Any FCOIs identified for this investigator will be disclosed to UW-L as soon as possible, but prior to any expenditure of funds for initial reports. For subsequently identified FCOIs, U-Wah will provide a completed PHS FCOI report, available on the website below, to UW-L within 30 days of when the FCOI is discovered or acquired. U-Wah will make information regarding its investigators identified FCOIs publicly available in accordance with the PHS FCOI regulations.

UW-L’s PHS FCOI policy can be found at [www.uwlax.edu/grants/compliance/FCOI](http://www.uwlax.edu/grants/compliance/FCOI).

I agree to comply with U-Wah’s PHS FCOI policy and UW-L’s PHS FCOI policy for subrecipients for the duration of my participation on this grant. Failure to do so may result in my restriction or suspension from the grant project.

Signature:

Date:

Our above named employee is approved to work on this PHS project, if it is funded, and will be subject to U-Wah’s PHS FCOI policy and UW-L’s PHS FCOI policy for subrecipients for the duration of his/her participation with this project. Should noncompliance, with either U-Wah’s PHS FCOI policy or UW-L’s PHS FCOI policy for subrecipients, occur, funding for this project may be restricted or suspended.

Name of Designated Organization Representative:

Representative’s Title:

Signature:

Date: