PHS Grant Subrecipient / Subcontractor Agreement Form –

UW-La Crosse’s Policy

Investigator Name:

Investigator Email:

Institutional affiliation:

UW-L PI/PD(s):

Project Title:

The above named investigator will be complying with UW-La Crosse’s PHS FCOI policy. This person will disclose SFIs according to UW-L’s policy and follow the reporting, review, and management processes as described in UW-L’s policy. This policy includes requirements that the above named investigator completes the SFI Disclosure Form and submits it to the Office of Research & Sponsored Programs prior to the grant’s submission to PHS and that UW-L mandated FCOI training is completed prior to the commencement of funding.

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 UW-La Crosse’s PHS FCOI policy 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 UW-La Crosse’s PHS FCOI policy for the duration of his/her participation with this project. Should noncompliance, with UW-L’s or PHS’s FCOI policy, occur, funding for this project may be restricted or suspended.

Name of Designated Organization Representative:

Representative’s Title:

Signature:

Date: