

No FCOI to Report Form - Subrecipient

Initial [ ]  Annual [ ]

PHS Agency or Office:

PHS grant/contract number:

Name of the project’s UW-L PI(s)/PD(s):

Name of the investigator for whom this form was completed:

Institutional affiliation:

The above named investigator either has:

[ ]  Reported no SFIs

[ ]  Reported no SFIs that constitute FCOIs

[ ]  FCOIs that have closed since the last reporting (\*\*\*PHS requires documentation of closed FCOIs as part of the FCOI reporting process. Please complete the PHS FCOI Reporting Form to document the FCOI’s closure.)

Completed by SOMEOFFICIALPERSON, a designated representative for

 (NAME OFSUBCONTRACTINGINSTITUTION)

SIGN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_