

FCOI Management Plan

Plan Type: Initial Revised-new FCOI(s) Revised-existing FCOI(s)

Name of the investigator with a FCOI: Click or tap here to enter text.

Institutional affiliation: Click or tap here to enter text.

Role and principal duties of the investigator in the sponsored project: Click or tap here to enter text.

Name of the project's PI/PD (if different from above): Click or tap here to enter text.

Lead institution (if not UW-La Crosse): Click or tap here to enter text.

Project sponsor: Click or tap here to enter text.

UWL Compliance ID: Click or tap here to enter text.

FCOI # 1 New Revision

Name of the entity with which the investigator has a FCOI: Click or tap here to enter text.

Value or estimated value and nature (e.g., equity, consulting fees, honoraria) of the financial interest: Click or tap here to enter text.

Value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

Description of the relationship between the financial interest and the research, including the basis for UWL's determination that the financial interest conflicts with such research:

Click or tap here to enter text.

FCOI # 2 New Revision

Name of the entity with which the investigator has a FCOI: Click or tap here to enter text.

Value or estimated value and nature (e.g., equity, consulting fees, honoraria) of the financial interest: Click or tap here to enter text.

Value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

Description of the relationship between the financial interest and the research, including the basis for UWL's determination that the financial interest conflicts with such research:

Click or tap here to enter text.

Management Plan (address each identified FCOI above):

Click or tap here to enter text.

FINDINGS AND PLAN VERIFICATION:

Committee members responding that this document represents the discussion and votes taken regarding this investigator on (date of meeting):

List names of committee members and date of email response

Dissenting committee members:

List names of committee members and date of email response

HR representative confirmed via email that this document reflects the committee discussion, plan, and current institutional policies:

List name of HR rep and date of email response

INVESTIGATOR:

I have received and reviewed the committee's findings and plan, and I:

- accept the findings and plan as described and will abide by the plan and any subsequent modification(s) for the duration of the grant.
- do not accept the findings and/or the plan and will appeal to the Chancellor in writing within 30 days. I understand that I may not be compensated or reimbursed by, spend, or encumber the project sponsor's funds until this issue is resolved.

SIGN _____ DATE _____

PRINTED NAME _____

NOTES TO INVESTIGATOR:

- All federal sponsored research related plans, including this FCOI Management Plan, are subject to review and approval by the federal sponsor.
- This signed form is due to the Office of Research & Sponsored Programs within five business days of email receipt.