

Introduction

Please review the [Financial Conflicts of Interest \(FCOI\) policy](#) before completing this Significant Financial Interest (SFI) Disclosure Form. Fill in the required information regarding payments received and equity interests held by you and your immediate family.

If you are a UWL employee, you will need your 8-digit UWL employee ID number (00XXXXXX) to sign this form. If you are a UWL student, you should use your 9-digit student ID number. All others should contact the UWL Office of Research & Sponsored Programs (ORSP) at 608.785.8007 or grants@uwlax.edu to be assigned an 8-digit alphanumeric ID prior to completing this form. Forms cannot be submitted without the ID number. **Forms submitted with an incorrect ID number will not be accepted.**

After you complete the form, you will see a summary of your responses that you may choose to save as a PDF. You will also receive an email that includes a summary of your responses.

If a particular section does not provide enough space for your response, please send one email with the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing additional information. Also include the ID number with which you sign this form. The additional information you provide will be added to your file.

If you have questions when completing this form, contact Sydni Durrstein at 608.785.8007 or sdurrstein@uwlax.edu.

Section A - Investigator & Project Information

SECTION A - Investigator & Project Information

Please provide your name and contact information.

First name

Last name

Email address

Phone number

Provide the following information if applicable.

Lead investigator (if NOT you)

Lead institution (if NOT UWL)

Phone number or email for lead institution's research & sponsored programs / grants office (if NOT UWL)

Select your institutional affiliation.

- ☐ UW-La Crosse faculty / staff - List your department / office:
- ☐ UW-La Crosse graduate student - List your degree program:
- ☐ UW-La Crosse undergraduate student - List your major:
- ☐ UW System campus (other than UWL) - List your campus:
- ☐ Other - List your institution / company:
-

What is the project's funding agency? (Mark all that apply.)

If funding is being passed through more than one agency, check the box for the agency that originated the funds and a box for the pass-through agency.

- ☐ Health Resources & Services Administration (HRSA)
- ☐ National Endowment for the Arts (NEA)
- ☐ National Endowment for the Humanities (NEH)
- ☐ National Institutes of Health (NIH)
- ☐ National Science Foundation (NSF)
- ☐ US Department of Education (ED)
- ☐ US Geological Survey (USGS)
- ☐ Other federal agency - Please list:
- ☐ Other non-federal agency - Please list:
-

What is the title or working title of the project?

Type of SFI disclosure you are completing:

- ☐ Initial
- ☐ Annual update
- ☐ Revised - reporting a new SFI
- ☐ Revised - reporting a change to an existing SFI or previously identified FCOI
- ☐ SAMPLE - please select this if you are "just looking" or want to preview the form

If this is a revised or annual SFI disclosure and you know the UWL compliance ID associated with the project, please list it here. It would have been assigned by ORSP at the time you completed the initial SFI Disclosure Form and is in the format of NN-NN-XX.

I have reviewed the UWL [FCOI policy](#), and I:

- ☐ have relevant financial information to report. (After clicking "next", you will be directed to Section B.)
- ☐ have NO relevant financial information to report. (After clicking "next", you will be directed to Section G to sign your form.)

Section B - Remuneration

Section B - Remuneration from US Entities

I and/or a member of my immediate family have received remuneration from a US business/organization for outside activities related to my institutional responsibilities, field of professional interest, or the sponsored project.

- ☐ Yes
- ☐ No

List below the name of the US business/organization(s) that issued the compensation, type of activity for which compensation was received (e.g. consulting, research, teaching, writing), and the value or estimated value that was received (in USD).

In calculating the value received from each source, aggregate the value of compensation you received personally in addition to compensation received by your immediate family member(s).

If this section (B-1) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

	Name of business / organization	Type of activity	Value or estimated value (in USD)
Item 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

I and/or a member of my immediate family have received compensation from a non-governmental US sponsor of research, teaching, or training for which I and/or a member of my immediate family is an investigator.

- ☐ Yes
- ☐ No

List below the name of the sponsor, the value or estimated value that was received (in USD), and note (yes or no) whether UWL is (or was) managing the grant.

In calculating the value received from each source, aggregate the value of compensation you received personally in addition to compensation received by your immediate family member(s).

If this section (B-2) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

	Sponsor name	Value or estimated value (in USD)	UWL managed grant?
Item 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C - Equity / Ownership Interests

Section C - Equity / Ownership Interests in US Entities

I and/or a member of my immediate family own or control interest in a US business or other organization related to my institutional responsibilities, field of professional interest, or the sponsored project.

- ☐ Yes
- ☐ No

List below any US business or other organization related to your institutional responsibilities, field of professional interest, or the sponsored project in which you and/or a member of your immediate family own or control any interest. List both the present market value or estimated value (in USD) and the percentage interest if available. If the market or estimated value cannot be calculated, at minimum enter your percentage interest.

In calculating the value of each item, aggregate the value of the equity/interests you own in addition to equity/interests owned by your immediate family member(s).

If this section (C) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

	Name of business / organization	Present market value or estimated value (in USD)	Percentage interest
Item 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D - Intellectual Property Rights & Interests

Section D - Intellectual Property Rights & Interests

I and/or a member of my immediate family hold intellectual property rights or interests (e.g., patents, copyrights) for which I and/or a member of my immediate family have received (or expect to receive) royalties or other income for the preceding 12 months. (Do not include intellectual property rights that did not generate income or income received from the university.)

- ☐ Yes
- ☐ No

Please list the name(s) of the rights or interests below:

If this section (D) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

Section E - Travel Support

Section E - Travel Support

I and/or a member of my immediate family have received reimbursement for or sponsorship of travel (i.e., that which was paid on my behalf) related to my institutional responsibilities, field of professional interest, or the sponsored project.

(NOTE: This disclosure requirement does **not** apply to travel that is reimbursed or sponsored by a US federal, state, or local government agency; a US institution of higher education (IHE); a US academic teaching hospital; a US medical center; or a US research institute that is affiliated with a US IHE.)

- ☐ Yes
- ☐ No

Describe the following for each trip that was reimbursed / sponsored:

1. entity providing reimbursement or sponsorship
2. country of entity's headquarters
3. purpose of the trip
4. destination
5. duration
6. actual or estimated value received (in USD) (If this cannot be calculated, please note that.)

In calculating the value received for each trip, aggregate the value of the reimbursement/sponsorship you received personally in addition to reimbursement/sponsorship received by your immediate family members.

If this section (E) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydne Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

Reimbursed / sponsored trip #1

Reimbursed / sponsored trip #2

Reimbursed / sponsored trip #3

Reimbursed / sponsored trip #4

Reimbursed / sponsored trip #5

Section F - Remuneration from & Financial Interests in Foreign Entities

Section F - Remuneration from & Financial Interests in Foreign Entities

I and/or a member of my immediate family have received **remuneration** from a foreign business/organization related to my institutional responsibilities, field of professional interest, or the sponsored project.

(Note: Remuneration includes, but is not limited to, payments of all types, reimbursements, royalties, and/or sponsorships from any type of foreign entity. Remuneration from foreign institutions of higher education, government entities, and non-profit organizations is included, as are all other foreign entity types.)

☐ Yes

☐ No

List below the name of the foreign business(es)/organization(s) that issued the compensation, city and country of the entity's headquarters, type of activity for which compensation was received (e.g. consulting, research, teaching, writing), and the value or estimated value that was received (in USD).

In calculating the value received from each source, aggregate the value of compensation you received personally in addition to compensation received by your immediate family member(s).

If this section (F-1) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

	Name of business / organization	City & country of headquarters	Type of activity	Value or estimated value (in USD)
Item 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Name of business / organization	City & country of headquarters	Type of activity	Value or estimated value (in USD)
Item 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I and/or a member of my immediate family have **financial interests** in a foreign business/organization related to my institutional responsibilities, field of professional interest, or the sponsored project.

(Note: Financial interests include, but are not limited to, investments, intellectual property rights and interests, and/or equity/ownership interests in any type of foreign entity. Financial interests in foreign institutions of higher education, government entities, and non-profit organizations are included, as are all other foreign entity types.)

☐ Yes

☐ No

List below the name of the business(es)/organization(s) in which your and/or a member of your immediate family own or control any interest, as well as the city and country of the entity's headquarters. List both the present market value or estimated value (in USD) and the percentage interest if available. If the market or estimated value cannot be calculated, at minimum enter your percentage interest.

In calculating the value of each item, aggregate the value of the equity/interests you own in addition to equity/interests owned by your immediate family member(s).

If this section (F-2) and/or any other section does not provide enough space for your response, please email the additional information that is required to Sydni Durrstein at sdurrstein@uwlax.edu, being sure to clearly identify the section(s) for which you are providing information. The information will be added to your file.

	Name of business / organization	City & country of headquarters	Present market value or estimated value (in USD)	Percentage interest
Item 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section G - Signature

Section G - Signature

Will you be submitting an email with additional materials because you ran out of reporting space in Sections B, C, D, E, or F? If yes, please email the information to Sydni Durrstein at sdurrstein@uwlax.edu as soon as possible. Your SFI Disclosure Form cannot be processed until all of the information has been received.

- ☐ Yes
- ☐ No

I have read the UWL [FCOI policy](#), and to the best of my knowledge, the information provided in this SFI Disclosure Form is complete and correct.

- ☐ Yes
- ☐ No

Please sign your SFI Disclosure Form below.

Your person ID number will be one of the following:

- UWL faculty / staff: Use your 8-digit employee ID number. (It can be found on your pay statement and begins with 00.)
- UWL students: Use your 9-digit student ID number.
- Those not affiliated with UWL: Use the 8-digit alphanumeric code provided to you by ORSP. If you did not obtain a code prior to beginning this survey, you will need one to complete it. Please contact ORSP at 608.785.8007 or grants@uwlax.edu for assistance in obtaining an ID number.

I have read the UWL [FCOI policy](#), and to the best of my knowledge, I certify the information provided in this SFI Disclosure Form is complete and correct.

First name

Last name

Person ID number

Today's date

CAUTION:

You have indicated that you have not completely or properly completed this form. Please use the back button to correct any errors. If you move forward with completing this form by clicking "next," this submission will be invalid, and you will need to complete the form again and resubmit it.

Do you have an existing FCOI Management Plan for the award associated with this SFI Disclosure Form?

For most individuals, the answer will be "No". You would have been invited to a meeting of the UWL FCOI committee to discuss your FCOIs and would have signed a document indicating your willingness to accept the committee's determination and plans.

- ☐ Yes
- ☐ No

I have an existing FCOI Management Plan, and certify that I have complied with the terms of the plan since its implementation and with any and all subsequent plan revisions.

- ☐ Yes

☐ No

Please sign your FCOI Management Plan certification below.

I have an existing FCOI Management Plan, and certify that I have complied with the terms of the plan since its implementation and with any and all subsequent plan revisions.

First name	<input type="text"/>
Last name	<input type="text"/>
Person ID number	<input type="text"/>
Today's date	<input type="text"/>

CAUTION:

You have identified that you have been out of compliance with your prescribed FCOI Management Plan.

If this is not correct, please return to the previous question and correct your answer.

If it is correct, you may submit this current SFI Disclosure Form, and then you **MUST** do the following immediately:

- Halt all work on this grant - your work must be suspended on this project
- Contact the lead investigator, if not you, and advise that person that you are suspended from working on this project
- Contact ORSP at 608.785.8007 or grants@uwlax.edu. We will assist you in taking the next steps, which will include a retrospective review of your work.

I understand that I am indicating that I am out of compliance with UW-La Crosse FCOI policy and/or federal FCOI regulations. I understand that I am obligated to take the steps indicated above and work with ORSP and the UWL FCOI committee to resolve this issue and complete the mandated processes. Please see the appropriate [FCOI policy](#) for more information.

First name	<input type="text"/>
Last name	<input type="text"/>
Person ID number	<input type="text"/>
Today's date	<input type="text"/>

Thank you

Thank you for completing this SFI Disclosure Form. Please note that you must complete one for each federal proposal / award for which you are an investigator. A summary of your responses will be emailed to the address you provided. A copy of the report generated by this survey will be sent to your designated dean or division director for approval. Upon their approval, this form will be reviewed by the Associate Vice Chancellor for Academic Affairs.

Please be assured that your responses to all questions are held in the strictest confidence and are viewed only by ORSP staff for processing and the appropriate review personnel as specified in the [FCOI policy](#). There are additional public information disclosures that may be required by federal regulations, which are outlined in the FCOI policy. A sample of the public disclosure form is available on the policy website.

UW-La Crosse's FCOI policy can be found on our website at <https://www.uwlax.edu/grants/financial-conflict-of-interest-fcoi/>.

Questions may be directed to 608.785.8007 or grants@uwlax.edu.

For Reference Only