



Subrecipient Financial Conflict of Interest (FCOI) Documentation Form

University of Wisconsin - Madison – Office of Research and Sponsored Programs

This form is required when proposing a subaward for a sponsored research project to be funded under a PHS award.

The attached form should be completed by the potential subrecipient on a proposal that the University of Wisconsin – Madison intends to submit for funding from one of the PHS agencies listed below. The PHS Conflict of Interest regulations require us to collect certain information from subrecipients at time of proposal and during the life of the award.

Instructions:

Note: All proposal subrecipients who are not listed in the FDP Clearinghouse must complete the Subrecipient Financial Conflict of Interest Documentation Form

- I. UW Department, Division and/or RSP will complete Part 1 and any item of known information about the subrecipient in Part 2.
- II. Subrecipient completes Part 2 and submits completed form along with the approved proposal to the University of Wisconsin – Madison. Note: This form must be on file before the University of Wisconsin - Madison can submit a proposal containing your proposed subaward.
 - a. If the subrecipient's authorized organizational official has checked Box 2 (Part 2, Section C) indicating the University of Wisconsin – Madison's conflict of interest policy will be followed (because subrecipient organization does not have its own FCOI policy), then EACH subrecipient investigator (defined as a person responsible for the design, conduct or reporting of the research proposed under the subaward) must also complete, sign, and return a Subrecipient FCOI Disclosure Form to the University of Wisconsin - Madison.
 - i. All Subrecipient FCOI Disclosure Forms must be on file before the University of Wisconsin - Madison can submit a proposal containing your proposed subaward.
 - ii. Every investigator who completes a Subrecipient FCOI Disclosure Form must also take the University of Wisconsin – Madison's training in Financial Conflict of Interest before any PHS funds are expended (before any subaward can be issued) and again once every 4 years. Training information can be found on instructions for the Subrecipient FCOI Disclosure Form.

List of Public Health Service Agencies

National Institutes of Health (NIH)
Food and Drug Administration (FDA)
Centers for Disease Control (CDC)
Agency for Healthcare Research and Quality
Agency for Toxic Substances and Disease Registry
Health Resources and Services Administration
Indian Health Services
Substance Abuse and Mental Health Services Admin

Other Agencies

American Heart Association
American Cancer Society
Arthritis Foundation
Susan G. Komen Foundation
Juvenile Diabetes Research Foundation
Alliance for Lupus Research
Lupus Foundation of America

Further information regarding the PHS regulations may be found at:
<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>



Subrecipient Financial Conflict of Interest (FCOI) Documentation Form

University of Wisconsin - Madison – Office of Research and Sponsored Programs

This form is required when proposing a subaward for a sponsored research project to be funded under a PHS award.

Part 1: UW-Madison Proposal Information	University of Wisconsin PI:	MSN #:
	Primary Sponsor:	
	Proposal/Project Title:	
	Subaward Period of Performance: From:	To:
	Proposed Subaward Total: \$	

Part 2: Subrecipient Organization Information (complete all sections)	Section A: Subrecipient Information
	Subrecipient Organization Legal Name:
	Organization's Address (Include ZIP Code):
	DUNS #:
	Section B: FCOI Policy Statement (select one)
	(1) I will follow the PHS – Compliant Conflict of Interest policy established and enforced by Subrecipient Organization listed above. (Proceed to Section C)
	(2) I will follow the Conflict of Interest policy established and enforced by the University of Wisconsin Madison. Names of Investigators working on this project who are responsible for the design, conduct, or reporting of the research are shown below. (Attach Subrecipient FCOI Disclosure form for each)
	Subrecipient PI:
	Investigator/Key Personnel:
	Investigator/Key Personnel:
Investigator/Key Personnel:	
(Please attach additional pages if needed)	
Disclosure Attached?	
Completed by UW RSP Disclosure Date	
Section C: Approval/Certification	
I certify that the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution. My Institution is knowledgeable about the PHS FCOI policy, and we are prepared to enter into an inter-institutional agreement that requires adherence to that policy.	
Signature:	
Date:	
Printed Name:	
Title:	