

**Subrecipient Disclosure of Financial Conflict of Interest PHS Funded Projects**

**Disclosure Requirement:** You have been identified as a subrecipient investigator subject to the University of Wisconsin-Madison’s Financial Conflict of Interest policy. Under the Public Health Service’s (PHS) Financial Conflict of Interest (FCOI) regulation (42 CFR Part 50 Subpart F), **you must disclose your Significant Financial Interests (SFI) on the attached Subrecipient Disclosure Form, to include those of your spouse and dependent children,** that are directly related to the research you are conducting in collaboration with the University of Wisconsin-Madison. Disclosures must be made:

* Prior to submission of the application for funding;
* Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new SFI. This includes any disclosures that arise between the time the proposal is submitted and an award is made; **The obligation to update your disclosure within 30 days of acquiring the new SFI also applies to any new reimbursed or sponsored travel (see question 4 on the form);** and
* At least annually, in accordance with University of Wisconsin-Madison policy, during the period of award.

Training Requirement: You also are required to complete the University of Wisconsin-Madison’s Conflict of Interest Training before engaging in research related to this PHS-funded award and once every four years thereafter. Additionally, you are required to complete the attached “Subrecipient Disclosure of Financial Conflict of Interest Form.”

To take this training: <http://www.grad.wisc.edu/research/policyrp/coi/COITraining.html>.



**Subrecipient Disclosure of Financial Conflict of Interest Form**

University of Wisconsin-Madison PHS supported project title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Subrecipient Entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information of Subrecipient Researcher Completing this form: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Definitions: Remuneration*** *includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship).* ***Equity interest*** *includes any stock, stock options, or other ownership interest as determined through reference to public prices or other reasonable measures of market value.*

1. Do you (and your spouse and dependent children) have a significant financial interest in a publicly traded entity that, when aggregated, exceeds $5,000? When determining your response to this question, please add the value of any equity interest as of the date of this disclosure to any remuneration received from the entity in the twelve months preceding this disclosure.

No\_\_\_Yes\_\_\_ (If yes, provide name of business entity):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you (or your spouse and dependent children) have the following significant financial interests

in a non-publicly traded entity?

1. Remuneration that when aggregated exceeds $5,000?

No\_\_\_Yes\_\_\_ (If yes, provide name of business entity):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any equity interest?

No\_\_\_Yes\_\_\_ (If yes, provide name of business entity):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you (and your spouse and dependent children) received income in excess of $5,000 during the twelve months preceding this disclosure that is related to intellectual property rights and interests (e.g, patents, copyrights)? No\_\_\_Yes\_\_\_ (If yes, provide name of business entity):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has any organization sponsored or reimbursed you for any travel you have **taken that is related to your work for the University of Wisconsin-Madison?** *Note: You are not required to disclose to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.*

No\_\_\_Yes\_\_\_ (If yes, provide name of sponsor/organizer, purpose, destination and duration of trip):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Additional details about reported financial interests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator Certification I certify, to the best of my knowledge, that the information reported herein is complete and accurate.**

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**Signature of Investigator Name (Printed) Date**