

SD1. Non-disclosure of potentially competing interests.

The following Supporting Information file contains the information on potentially competing interests among Roberts et al.'s co-author team.

We submitted this information to the editors of Journal of Mammalogy in October 2023 when we saw the first revision of Roberts et al.'s commentary. By early 2024, we saw their second revision had still not disclosed any of the attached information on potentially competing interests. We asked the editors to intervene again. By the third and final revision, Roberts et al. reported some, but not all, of their potentially competing interests. Therefore, we present all of the potentially competing interests of which we are aware (there are probably more), which Roberts et al. finally failed to disclose. Therefore, we call readers' attentions to the non-disclosure issues with their work.



Science Council

Our Members

Wisconsin's Green Fire is grateful to have many volunteer leaders who are also career experts in fields that span our entire scope of interest and involvement. These dedicated conservation experts are one of our best assets and have helped establish Wisconsin's Green Fire as a respected source of information and ideas on environmental and conservation issues in Wisconsin. Our Science Council member experts form our knowledge base on important, cross-cutting issues across Wisconsin. They are appointed to represent a wide range of expertise – from fisheries and wildlife management, to water quality and energy policy.

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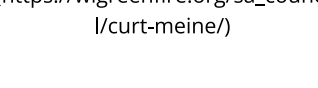
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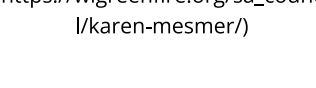
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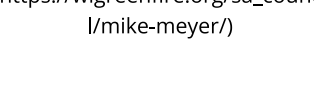
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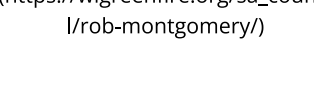
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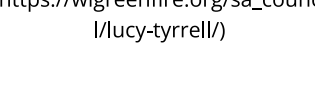
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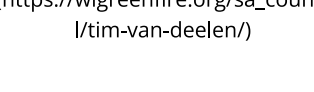
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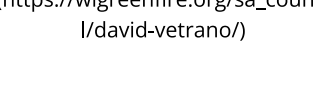
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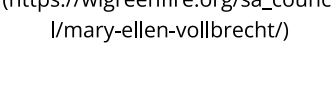
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



Adrian Wydeven

Members of the Science Council at Rib Mountain State Park in June 2022.

 [Member Login \(https://wlgreenfire.org/wisconsins-green-fire-science-council-landing-page/\)](https://wlgreenfire.org/wisconsins-green-fire-science-council-landing-page/)

Get InTouch!

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DNR Wolf Management Plan Committee Roster

6/16/2021

*DNR staff will chair the committee and participate in a supporting role providing information and expertise as needed. More information on this committee's work is available on the DNR wolf management plan webpage.

<u>Government/Tribal Partners (by invitation)</u>	<u>Primary Representative</u>	<u>Alternate Representative</u>
Bad River Band of Lake Superior Ojibwe	Abigail Fergus	Ben Connors Sr.
Great Lakes Indian Fish and Wildlife Commission	Peter David	Tanya Aldred
Ho-Chunk Nation	Brandon Bleuer	Tina Brown
Menominee Tribe	Don Reiter	Douglas Cox
Red Cliff Band of Lake Superior Ojibwe	Chase Meierotto	Andy Edwards
Stockbridge-Munsee Community	Randall Wollenhaup	Joe Miller
US Fish and Wildlife Service	Megan Kosterman	Laura Ragan
US Forest Service	Dan Eklund	-
USDA Wildlife Services	Dave Ruid	Dan Hirschert
Wisconsin County Forest Association	Jake Walcisak	Rebekah Luedtke
Wisconsin Conservation Congress	Ed Harvey Jr.	Steve Budnik
<u>Stakeholder Organizations (seats by application)</u>		
<i><u>Hunting/Trapping Organizations</u></i>		
Safari Club International Wisconsin Chapters	Dan Trawicki	-
Wisconsin Bear Hunter's Association	Lucas Withrow	Todd Bina
Wisconsin Bowhunter's Association	Mike Brust	Richard Kirchmeyer
Wisconsin Chapter of Backcountry Hunters & Anglers	Miles Thompson	Dean Elbe
Wisconsin Trapper's Association	Mike Wilhite	Arnold Groehler
Wisconsin Wildlife Federation	Matt Lallemon	Kevyn Quamme
<i><u>Wolf Advocacy/Education Organizations</u></i>		
Sierra Club Wisconsin Chapter	Jodi Habush Sinykin	Diane Cain
The Great Lakes Wildlife Alliance	Kevin Renley	Sarah Bergstrom
Humane Society of the United States - Wisconsin	Megan Nicholson	Melissa Tedrowe
Timber Wolf Alliance	Erik Olson	Randy Jurewicz
Wisconsin Conservation Voices	Jim Feldman	Jennifer Giegerich
Wisconsin Green Fire	Adrian Wydeven	Timothy R. Van Deelen
<i><u>Agriculture/Ranching Organizations</u></i>		
Wisconsin Cattleman's Association	Jack Johnson	Eric Johnson
Wisconsin Farm Bureau Federation	Ryan Klussendorf	Tyler Wenzlaff
Wisconsin Farmer's Union	Laurie Groskopf	Grace McLaughlin
Wisconsin Wolf Facts	Steve Suchomel	Pat Quaintance

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WISCONSIN

RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS OF WISCONSIN, a federally recognized Indian tribe, on its own behalf and as *parens patriae* for its members,

BAD RIVER BAND OF THE LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS OF THE BAD RIVER RESERVATION, a federally recognized Indian tribe, on its own behalf and as *parens patriae* for its members,

LAC COURTE OREILLES BAND OF LAKE SUPERIOR CHIPPEWA INDIANS OF WISCONSIN, a federally recognized Indian tribe, on its own behalf and as *parens patriae* for its members,

LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS OF THE LAC DU FLAMBEAU RESERVATION OF WISCONSIN, a federally recognized Indian tribe, on its own behalf and as *parens patriae* for its members,

ST. CROIX CHIPPEWA INDIANS OF WISCONSIN, a federally recognized Indian tribe, on its own behalf and as *parens patriae* for its members, and

SOKAOGON CHIPPEWA COMMUNITY, a federally recognized Indian tribe, on its own behalf and as *parens patriae* for its members,

Plaintiffs,

-v.-

PRESTON D. COLE, in his official capacity as the Secretary of the Wisconsin Department of Natural Resources,

DR. FREDERICK PREHN, in his official capacity as a person who claims to be, and is acting as, both the Chair and a member of the Wisconsin Natural Resources Board,

Civil Case No.: 3:21-cv-00597

GREGORY KAZMIERSKI, in his official capacity as the Vice Chair and a member of the Wisconsin Natural Resources Board,

BILL SMITH, in his official capacity as the Secretary and a member of the Wisconsin Natural Resources Board,

SHARON ADAMS, in her official capacity as a member of the Wisconsin Natural Resources Board,

WILLIAM BRUINS, in his official capacity as a member of the Wisconsin Natural Resources Board,

TERRY HILGENBERG, in his official capacity as a member of the Wisconsin Natural Resources Board,

MARCY WEST, in her official capacity as a member of the Wisconsin Natural Resources Board,

Defendants.

DECLARATION OF ADRIAN P. WYDEVEN

I, Adrian P. Wydeven, declare as follows:

1. I am a certified wildlife biologist and a resident of Cable, Wisconsin.

Educational and Professional Experience

2. My academic training includes a Bachelor of Science degree in Biology and Wildlife Management from the University of Wisconsin-Stevens Point in 1976 and a Master of Science degree in Wildlife Ecology from Iowa State University in 1979.

3. I worked as a wildlife biologist for the Missouri Department of Conservation from 1980 to 1982, and for the Wisconsin Department of Natural Resources from 1982 through 2015. While working for the Wisconsin Department of Natural Resources, I led the Wisconsin gray wolf recovery and conservation programs from 1990 through 2013. While working in that capacity, my responsibilities included developing state wolf management policy, including through development of the state Wolf Management Plan that was issued in 1999. I served as chair of the state Wolf Advisory Committee that developed that plan. My responsibilities also included developing an annual determination of the wolf population; assisting in conducting wolf surveys; serving as a spokesperson for the Wisconsin Department of Natural Resources on wolf conservation issues; working with other states' wildlife agencies to coordinate wolf management and conservation in the Western Great Lakes region; working with federal agencies such as the U.S. Fish and Wildlife Service, the U.S. Forest Service, and the U.S. Department of Agriculture Wildlife Services, as well as Wisconsin state forestry officials, on matters of wolf conservation; preparing quarterly and annual reports on the status of the Wisconsin wolf population; and assisting researchers with studies of the Wisconsin wolf population and associated biological and ecological questions.

These temporary Wolf/CWD surveillance zones would also be focus areas for intensive surveillance and research, to document relationships between wolves, deer, and CWD. Predation as a natural control has a theoretical basis (Wild et al 2011, Brandell et al. 2022), and studies have found other predators such as cougars select for disease-compromised cervids (Krumm et al 2010; DeVivo et al 2017). Removal of infected animals by predators could benefit disease management efforts (Baune et al 2021).

Statutory Considerations:

- **We strongly recommend the WDNR and NRB request statutory changes in the Wisconsin wolf hunting regulations under 2011ACT169.** These regulations limit the Department's ability to fully use an adaptive management approach for managing the state wolf population. This ACT169 has created major opposition to state and tribal wolf management, making it difficult to federally delist and keep gray wolves off the Federal Endangered Species Act. **We recommend the statutory changes authorize WDNR, with extensive public input, to determine when, where, and the methods of take for harvesting wolves, along with setting quotas, harvest zones, and determining numbers of permits.** WDNR should obtain authority to determine if and where wolf harvest occur in the state. Improving authority for WDNR will likely improve the ability to keep wolves off the Federal Endangered Species list and maintain state and tribal management of Wisconsin's gray wolf population.

Thank you again for your tremendous work on assembling this draft Wolf Management Plan. Detailed comments on the plan and literature cited follow in Appendix A below. We look forward to the updated version of the plan, thank you for taking the time to consider our input to the Plan. Please let me know if you have question about any of my comments or suggestions.

Sincerely Yours,

Adrian P. Wydeven,

Wisconsin's Green Fire, Co-Chair of the Wildlife Working Group, WGF Rep. to WI Wolf Plan Advisory Committee

CC: Fred Clark, WGF

Adam Payne, WDNR

Eric Lobner, WDNR

Tim Van Deelen, WGF, alternate Rep to Wolf Plan Advisory Committee

Management Plan

Investigator: Timothy Van Deelen

Entity or Entities: Au Sable Institute

Date Assigned: 5/17/2019

I. Publications and Presentations

Your relationship with Au Sable Institute (hereafter "the entity") may not restrict publication or presentation, although publication may be delayed for the purpose of pre-publication review for a period consistent with UW–Madison policies.

You, your students, fellows, trainees, and other research workers whom you supervise in the course of your research must disclose the relationship with the entity in publications and academic presentations, if a) the entity supports research reported in the publication; or b) the publication or presentation is related to the entity's commercial interests or intellectual property. For researchers in the biomedical sciences, disclosure in publications should conform to recent uniform disclosure guidelines published by a group of editors of major medical journals (Davidoff et al. JAMA 286: 1232-1234, 2001). (See Appendix A: Disclosing in publications.)

II. Interactions with Students and Staff

UW–Madison has a duty to ensure that the entrepreneurial activities of its faculty and staff do not have a negative impact on students or research staff, especially on the academic progress of students. To fulfill this obligation, the COI Committee requires that individuals with potential conflicts of interest inform others who may be impacted by the potential conflicts.

You should provide information on potential conflicts of interest to all students, fellows, trainees, and other research workers whom you supervise in the course of your research (hereafter students and staff). The information should include explanations of: a) your relationship with the entity, and b) the right of students and staff to bring concerns about the effect of your relationship with the entity on their work, studies, or progress towards degree to your dean, director, his or her designee, or the COI Committee. You must complete the following:

- Provide a written summary of the information for each student or staff member
- **Provide to the COI Program documentation that this process has occurred within 90 days of initial receipt of this management plan**
- Provide any individuals who subsequently join the group comparable information in a timely manner
- Provide updated documentation to the COI Program within 90 days of receipt of communication of continuing management plan requirements every year this plan is active

See "Appendix B: Informing students and staff of potential conflicts of interest" for additional guidance.

You must also notify all your co-investigators on federal grants of potential conflicts of interest.

Your relationship with the entity may not place restrictions on the ability of your students and staff to receive, analyze, or interpret data. In addition, students may not participate in research sponsored by the entity without permission from your dean's office.

The COI Committee recommends that all involvement of students and staff with the entity be conducted under formal University agreements, such as sponsored research agreements or appointments approved by your dean or director's office.

You must direct any of your students and staff with financial interests in the entity to make an annual report of outside activities using the online process (<https://research.wisc.edu/compliance-policy/outside-activities-reporting/>), if they have not already done so and regardless of whether they would normally be required to make such a report. Any of your students and staff who independently have a significant financial interest in the entity will be reviewed by the COI Committee and may be issued their own management plans.

You must notify your Dean or Director's office if you wish for the university to hire an individual who you know has a financial interest in the entity into a position over which you have a supervisory role, or if a current employee or graduate student under your supervision obtains a financial interest in the entity. You may not be directly involved in any final institutional decision-making regarding UW-Madison employment of any individual who you know has a significant financial interest in the entity. Any such decisions must be made by an impartial party who is not under your supervision or control.

III. **Contracts between University and Entity**

A. **Research Support from Entity**

Before accepting any research support (e.g., grants, contracts, unrestricted gifts, or materials) from the entity, you must specifically disclose details of the award to your dean or director's office for approval, including the scope of the work and any award conditions. The written disclosure details must accompany a WISPER record and be routed from the department chair to the dean or director's office for approval. You must update your outside activities report and indicate that you have sponsored research.

B. **Subagreements with Entity**

If you anticipate engaging in a project for which the entity will be a subawardee or subcontractor, you must contact your dean or director's office for approval prior to submitting a proposal.

C. Contract Negotiation, Approval, and Signature

You may not negotiate or sign any contract with the entity on behalf of UW-Madison. In addition, any such contract's terms and budget must be approved by your Dean, Director, Division Head or their designee.

D. Invoicing, Billing, and Issue Resolution

If UW-Madison has a contractual relationship with the entity, you may not be responsible for invoicing or billing the entity, or for institutional decision-making should any issue regarding the entity's performance under the contract arise. Any such decisions must be made by an impartial party who is not under your supervision or control.

IV. Purchasing

You may not be directly involved in making decisions involving the purchase of items from the entity. Any such decisions must be made by an impartial party who is not under your supervision or control, such as your department chair or someone designated by your chair. If you are a department chair, your dean should be asked to designate someone on your behalf.

V. Use of University Facilities and Services

Any activity involving the use of University facilities or services for the benefit of the entity must be conducted in accordance with all relevant University and system policies and state and federal laws pertaining to the use of University facilities and services. Except with respect to use of facilities and services made available for general public use in accordance with established rates and conditions applicable to all users, any such activity must be approved by your Dean, Director, Division Head or their designee, and a written and approved contract is required before the activity begins. Links to relevant resources are provided in the [Financial Conflict of Interest Policy and Procedures: Guidance Document](#).

VI. Human Subjects Research

For any human subjects protocol in which the entity a) sponsors the study, or b) owns or licenses a technology used in the study, the following rules apply.

A. All studies

- You must report the conflict of interest and provide this management plan to the IRB reviewing the study within 30 days of this management plan's assignment.

B. More than Minimal Risk Studies

- You may not serve as principal investigator (PI), co-investigator (co-PI), or key personnel on the human subjects protocol.

If you wish to apply for an exception to the restriction on participation in human subjects research, you must work with your Dean's office to

apply for the exception. This exception must be addressed to the COI Committee in writing. The COI Committee only grants exceptions for specific protocols. If the COI Committee approves an exception, the COI Committee may require modifications to the human subjects protocol, such as those outlined below in subsection c. For instructions on applying for an exception, see the [Financial Conflict of Interest Policy and Procedures: Guidance Document](#).

C. Minimal Risk Studies

- If a reviewing IRB determines that a study in which you are engaged is minimal risk, you may participate in the study, however, the following limitations apply:
 - i. You must disclose the conflict to participants in the study, unless the IRB determines that such disclosure would not be appropriate;
 - ii. You may not participate in the recruitment, enrollment or consent of participants in the study;
 - iii. If your study meets the definition of a clinical trial,¹ you must designate a non-conflicted co-Investigator or other key personnel on the study with responsibility for acting as an independent reviewer of the data analysis.

The reviewing IRB may impose additional requirements with respect to your participation in the study. If you wish to request an exception to any of the above-stated limitations, you must follow the exception request process outlined above in subsection b.

¹ A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.

D. Payments and Incentives

You may not receive payments from University accounts or directly or indirectly from the entity for particular research results or for research outcomes related to human subject protocols conducted at or through UW–Madison. Further, you, or your immediate family, may not receive any personal incentives from University accounts or directly or indirectly from business entities, such as recruitment incentives, performance incentives, fellowships, or other research support, except through an agreement entered into by the University for a sponsored human subjects study. UW–Madison only permits payments for subject enrollment, or for the referral of potential subjects to

human subjects studies, when all of the following are present:

- The payment reasonably relates to costs incurred, as specified in research agreements between the sponsor and UW–Madison.
- The payment reflects the fair market value of services performed.
- The payment is commensurate with the efforts of the investigator(s) performing the research

VII. Reporting of Outside Activities

You are required to submit an annual report of outside activities each spring using the online process. In addition, if you have relevant changes in your outside activities between annual reports, you must update your report within 30 days of the change. You may access your [Outside Activities Report](#) at any time during the year. For guidance on what relevant changes in your outside activities are, please see: [Financial Conflict of Interest Policy and Procedures: Guidance Document](#)

VIII. Outside Activities Agreement

A departmental agreement on the appropriate balance between your outside activities and your faculty appointment needs to be established.

IX. Annual Review

You must meet annually with your department chair, center director, or, if you are the department chair or center director, with your dean or director, or his or her designee, to review information related to your relationship with the entity or entities, its influence on your University activities and compliance with the terms of this management plan.

You must provide to the COI Program documentation that this process has occurred within 90 days of initial receipt of this management plan. You must also provide the COI Program documentation that this process has occurred within 90 days of receiving communication of continuing management in subsequent years.

[Meeting Confirmation Form](#)

X. Amendments

UW–Madison reserves the right to modify this management plan and to impose new or additional conditions. Such modifications, conditions, and additional terms will be effective immediately and incorporated into this management plan. UW–Madison will notify you of these changes in advance by sending an email message to the email account used for your annual Outside Activities Report notifications. You will be deemed to have accepted these terms and conditions unless you appeal your management plan, which must be done in writing and sent to UW–Madison's Conflict of Interest Committee via coiprogram@research.wisc.edu.

Appendix A: Disclosing in publications

The COI Committee provides the following examples to guide investigators disclosing their significant financial interests in publications and presentations. Investigators may use alternative approaches that meet the requirements laid out in the body of this management plan.

- Dr. A has an ownership interest in Company 1, which has licensed the technology reported in this publication.
- The research reported was supported by funding provided by Company 1, Company 2, and Company 3, with which Professor B has significant financial interests.
- Name [A member of Name's family] owns stock in [has stock options with] Company 1.
- Additional information on disclosing potential conflicts of interest in biomedical research can be found in:
 - Davidoff F, DeAngelis C, Drazen J, et al. Sponsorship, authorship, and accountability. *JAMA*. 2001;286:1232-1234.
 - DeAngelis CD, Fontanarosa PB, Flanagan A. Reporting financial conflicts of interest and relationships between investigators and research sponsors. *JAMA*. 2001;286:89-91.

Appendix B: Informing students and staff of potential conflicts of interest

The COI Committee provides the following guidance to help investigators communicate the details of conflict of interest management plans. Investigators may use alternative approaches, if they meet the requirements laid out in the body of this management plan.

Students, fellows, trainees, and other research workers whom you supervise in the course of your research a written summary should receive a written summary of your relationship with your managed entities. The written summary would be printed on department letterhead and include the following:

1. Date;
2. Description of the investigator's involvement with the entity;
3. Description of the purpose of the entity;
4. Description of the relationship between the investigator's professional work (research) at the UW–Madison and the entity;
5. Description of any relationships between the UW–Madison and the entity, such as sponsored research agreements, facilities use agreements, etc.;
6. Description of any restrictions placed on the design, conduct, and reporting of research by the entity;
7. Description of the ownership of any intellectual property resulting from research connected to the entity;
8. Impartial contacts for students and staff;
9. Information regarding requirement that the student/staff member complete outside activities report if they also have an interest in the entity;
10. Investigator's signature; and
11. Statement of acknowledgment to be signed and dated by the recipient.

You may provide a copy of your notification letter to students and lab personnel via email, making sure to CC the COI Program at coiprogram@research.wisc.edu and listing out each recipient. A draft Notification Letter is located on your OAR Summary page.

Another effective way to communicate the details of your management plan is to hold a meeting to review the provisions of your plan. During this meeting, participants would receive two copies of a written summary signed by the investigator. They would sign and date one copy and return it to the investigator. The investigator would then provide copies of the signed letters to the COI Committee.

Spring 2011 Outside Activities Report

This report was submitted on 04/07/11

Section 1. Personal Information

Name: **TIMOTHY R VAN DEELEN**

1. Please review and complete the following:

Email Address

Campus Phone

2. **UW-Madison Appointments** Our records show that you hold appointments in the following Departments/Units. If you no longer hold one of these appointments, please delete it and add the correct appointment(s). You must have at least one appointment entered to go to the next page.

If you hold appointments in multiple Departments or Units, use the Add New button to add any additional appointments you currently hold.

If you are a **Graduate Student**, please click here: .

3. Are you a clinician affiliated with the University of Wisconsin Medical Foundation? No Yes

Section 2. Basic Questions

1. **Human Subjects:** Do you engage in [human subjects research](#)? Yes No

2. **Federal Funding:** Are you now, or do you expect to be in the next twelve months, a principal investigator or otherwise responsible for the design, conduct, or reporting of federally funded research or sponsored projects? Yes No

3. **Compensation:** Now or in 2011, do or did you, your spouse, or your dependent children receive reportable net compensation for outside activities in your field of academic or professional interest? Yes No

4. **Leadership Positions:** Now or in 2011, are or were you, your spouse, or any of your dependent children an officer, director, or trustee, or do you hold another reportable leadership position, in any business or other organization related to your field of academic or professional interest? Yes No

5. **Ownership Interests:** Now or in 2011, do or did you, your spouse, or your dependent children own or control stock, stock options, or another ownership interest in a business or other organization related to your field of academic or professional interest? Yes No

Spring 2013 Outside Activities Report

This report was submitted on 01/16/2013

Section 1. Personal Information

Name: **TIMOTHY R VAN DEELEN**

1. Please review and complete the following:

Email Address

Campus Phone

2. **UW-Madison Appointments** Our records show that you hold appointments in the following Departments/Units. If you no longer hold one of these appointments, please delete it and add the correct appointment(s). If you hold appointments in multiple Departments or Units, use the Add New button to add any additional appointments you currently hold. You must have at least one appointment entered to go to the next page.

3. Are you a clinician affiliated with the University of Wisconsin Medical Foundation? No Yes

Section 2. Basic Questions

To report a relationship has ended: Please answer these questions for the entire year. You will be able to report the end of a relationship on the next screen.

1. **Human Subjects:** Do you engage in [human subjects research](#)? Yes No
2. **Federal Funding:** Are you now, or do you expect to be in the next twelve months, a principal investigator or otherwise responsible for the design, conduct, or reporting of federally funded research or sponsored projects? Yes No
3. **Compensation:** In calendar year 2012, did you, your spouse, or your dependent children receive reportable net compensation for outside activities related to your institutional responsibilities? Yes No
4. **Leadership Positions:** In calendar year 2012, were you, your spouse, or any of your dependent children an officer, director, or trustee, or did you hold another reportable leadership position, in any business or other organization related to your institutional responsibilities? Yes No
5. **Ownership Interests:** In calendar year 2012, did you, your spouse, or your dependent children own or control stock, stock options, or another ownership interest in a business or other organization related to your institutional responsibilities? Yes No

Faculty Web Site If you have a faculty/staff webpage, please provide a link to it here:

Section 3. List of Outside Organizations

General Entity Information

1. Entity Name

2. Is this entity a: **-select-**

3. Did your relationship with this entity BEGIN after August 24, 2012? Yes No

4. As of today's date, has your relationship with this entity ended? Yes No

5. Amount of time you spent, in days (8 hours = 1 day), on activities for the organization in:

a. 2012:

less than 10 days 10-50 days greater than 50 days

b. 2013:

less than 10 days 10-50 days greater than 50 days

6. Are you now, or were you in the previous calendar year, a principal investigator for research, or a project, sponsored by this organization? Yes No

7. What positions or roles do/did you, your spouse, or your dependent children have with the organization? *Check at least one box in each row.*

Advisory Board (AB) membership

Self

Family

EPA
Immediate
Family

None

Consulting (includes DSMB service):

Self

Family

EPA
Immediate
Family

None

Trustee or service on Board of Directors (BOD)

Self

Family

EPA
Immediate
Family

None

Executive position (e.g., president, treasurer, CEO, CIO)

Self

Family

EPA
Immediate
Family

None

Other employee position (e.g., teaching services to another entity)	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input type="checkbox"/> None
Commissioned speaker or author (includes honoraria)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Receive royalties from technology licensing (not through WARF)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Holder of an equity interest (e.g., stock, stock options)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Ownership (e.g., sole proprietorship, startup company, llc.)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input type="checkbox"/> None
Expert Witness	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input type="checkbox"/> None
Journal Editor/Grant Reviewer	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input type="checkbox"/> None
Other - please explain	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None

2014 Outside Activities Report

This report was submitted on 01/22/2014

Section 1. Personal Information

Name: **TIMOTHY R VAN DEELEN**

1. Please review and complete the following:

Email Address

Campus Phone

2. **UW-Madison Appointments** Our records show that you hold appointments in the following Departments/Units. If you no longer hold one of these appointments, please delete it and add the correct appointment(s). If you hold appointments in multiple Departments or Units, use the Add New button to add any additional appointments you currently hold. You must have at least one appointment entered to go to the next page.

3. Are you a clinician affiliated with the University of Wisconsin Medical Foundation? No Yes

Section 2. Basic Questions

1. **Human Subjects:** Do you engage in human subjects research? Yes No

2. **Federal Funding:** Are you a principal investigator or otherwise responsible for the design, conduct, or reporting of federally funded research or sponsored projects? Yes No

3. **Reportable Entities:** In calendar year 2013, did you, your spouse, or your dependent children have any reportable outside activities related to your institutional responsibilities? Yes No

Faculty Web Site If you have a faculty/staff webpage, please provide a link to it here:

Section 3. List of Outside Organizations

1. Entity Name

2. Is this entity a:

What does this entity do?

Organization URL/Web Address

3. Did your relationship with this entity BEGIN after August 24, 2012? Yes No

4. As of today's date, has your relationship with this entity ended? Yes No

5. Amount of time you spent, in days (8 hours = 1 day), on activities for the organization in:

a. 2013:

b. 2014:

6. Are you now, or were you in the previous calendar year, a principal investigator for research, or a project, sponsored by this organization? Yes No

7. What positions or roles do/did you, your spouse, or your dependent children have with the organization? *Check at least one box in each row.*

- Advisory Board (AB) membership Self Family None
- Consulting (includes DSMB service): Self Family None
- Trustee or service on Board of Directors (BOD) Self Family None
- Executive position (e.g. president, treasurer, CEO, CIO) Self Family None
- Other employee position (eg. teaching services to another entity) Self Family None
- Commissioned speaker or author (includes honoraria) Self Family None
- Receive royalties from technology licensing (not through WARF or WCEPS) Self Family None
- Holder of an equity interest (e.g. stock, stock options) Self Family None
- Ownership (e.g. sole proprietorship, startup company, llc.) Self Family None
- Other - please explain Self Family None

8. Indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through the UW) in calendar year 2013.

Monetary compensation	\$1-\$4999 ▾
Other compensation or gifts	\$0 ▾
Please Explain	

Total value of annual compensation	\$1-\$4999 ▾
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9. Do you expect the net compensation directly from the organization (not through the University) to you, your spouse, or dependent children in the calendar year 2014, as compared to calendar year 2013, to be:

- Significantly less
 About the same
 Significantly more

2015 Outside Activities Report

This report was submitted on 03/03/2015

Section 1. Personal Information

Name: **TIMOTHY R VAN DEELEN**

1. Please review and complete the following:

Email Address

Campus Phone

2. **UW-Madison Appointments** Our records show that you hold appointments in the following Departments/Units. If you no longer hold one of these appointments, please delete it and add the correct appointment(s). If you hold appointments in multiple Departments or Units, use the Add New button to add any additional appointments you currently hold. You must have at least one appointment entered to go to the next page.

3. Do you hold a UW Extension appointment? No Yes

4. Are you a clinician affiliated with the University of Wisconsin Medical Foundation? No Yes

Section 2. Basic Questions

1. **Human Subjects:** Do you engage in human subjects research? Yes No

2. **Federal Funding:** Are you a principal investigator or otherwise responsible for the design, conduct, or reporting of federally funded research or sponsored projects? Yes No

3. **Reportable Activities:** In calendar year 2014, did you, your spouse, or your dependent children have any reportable outside activities related to your institutional responsibilities? Yes No

Faculty Web Site If you have a faculty/staff webpage, please provide a link to it here:

2017 Outside Activities Report

This report was submitted on 01/17/2017

Section 1. Personal Information

Name: **TIMOTHY R VAN DEELEN**

1. Please review and complete the following:

Email Address

Work Phone

2. **UW-Madison Appointments** Our records show that you hold appointments in the following Departments/Units. If you no longer hold one of these appointments, please delete it and add the correct appointment(s). If you hold appointments in multiple Departments or Units, use the Add New button to add any additional appointments you currently hold. You must have at least one appointment entered to go to the next page.

3. At any time during 2016 was your appointment level reduced because of a leave of absence or sabbatical?

4. Do you hold a UW Extension appointment? No Yes No Yes

Section 2. Basic Questions

Please review the information below.

1. **Human Subjects:** You are currently listed as a study team member on a Human Subjects Protocol in ARROW.

2. **Federal Funding:** Our records indicate you are listed as PI, Co-I, or Key Personnel on an active award in WISPER.

3. **Reportable Activities:** In calendar year 2016, did you or any of your EPA-defined immediate family members have any reportable outside activities related to your institutional responsibilities, or any Competitive Assistance Agreements/ unfair competitive advantages that are related to awards from the EPA? Yes No

Section 3. List of Outside Organizations

General Entity Information

1. Entity Name

2. Is this entity a:

What does this entity do?

Organization URL/Web Address

3. Did your relationship with this entity BEGIN after August 24, 2012? Yes No

When did your relationship BEGIN? (mm/dd/yyyy)

4. As of today's date, has your relationship with this entity ended? Yes No

When did your relationship END? (mm/dd/yyyy)

5. Amount of time you spent, in days (8 hours = 1 day), on activities for the organization in:

a. 2016:

b. 2017:

6. Are you now, or were you in the previous calendar year, a principal investigator for research, or a project, sponsored by this organization? Yes No

7. What positions or roles do/did you, your spouse, or your dependent children have with the organization? *Check at least one box in each row.*

Advisory Board (AB) membership

Self

Family

EPA
Immediate
Family

None

Consulting (includes DSMB service):

Self

Family

EPA
Immediate
Family

None

Trustee or service on Board of Directors (BOD)

Self

Family

EPA
Immediate
Family

None

Executive position (e.g., president, treasurer, CEO, CIO)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Other employee position (e.g., teaching services to another entity)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Commissioned speaker or author (includes honoraria)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Receive royalties from technology licensing (not through WARF)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Holder of an equity interest (e.g., stock, stock options)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Ownership (e.g., sole proprietorship, startup company, llc.)	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Expert Witness	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Journal Editor/Grant Reviewer	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None
Other - please explain	<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> EPA Immediate Family	<input checked="" type="checkbox"/> None

Compensation

1. Indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through the UW) in calendar year 2016

Monetary compensation	\$1-\$4999 ▾
Other compensation or gifts Please Explain	\$0 ▾
Total value of annual compensation	\$1-\$4999 ▾

2. Indicate the type and amount of net compensation you, your spouse, or dependent children have received directly from the organization (not through the UW) so far in 2017

Monetary compensation	\$0 ▾
Other compensation or gifts Please Explain	\$0 ▾
Total value of annual compensation	\$0 ▾

2018 Outside Activities Report - Personal Information

Name: **Timothy Van Deelen**

Email Address: trvandeelen@wisc.edu

Work Phone (*optional*):

- o You are listed in ARROW as a member of a human subjects study team.
- o You are an investigator on a federally-funded sponsored project.

1. Do you have an appointment at the University of Wisconsin-Madison? Yes No

Faculty and staff: Add to the list below if necessary, or delete appointments that are no longer relevant. If you have multiple appointments, please indicate all units in which you work.

Students: If you participate in UW-Madison research, please indicate the unit(s) through which you are conducting research - even if you are not employed in that department or unit.

UDDS	Name
A076400	CALS/ FOREST & WILDLIFE ECOL

2. In calendar year 2017 or 2018, did you or any of your [EPA-defined immediate family members](#) have any reportable outside activities related to your institutional responsibilities, or any [Competitive Assistance Agreements/ unfair competitive advantages](#) that are related to awards from the EPA?

Yes No

Reminder: Reportable activities include [Compensation](#)
[Ownership](#)
[Leadership](#)


3. At any time during 2017 or 2018 was your appointment level reduced because of a leave of absence or sabbatical? Yes No
4. Do you hold a UW-Extension appointment? Yes No

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

2018 Outside Activities Report - Outside Activities

Please report ALL outside activities related to your institutional responsibilities on this page.

Reminder: Reportable activities include [Compensation](#) [Ownership](#) [Leadership](#) [Travel](#)

Name	Total Compensation Total Ownership Roles	Status
Au Sable Institute	2017: \$1 - \$4,999 2018: \$0	Other employee position: Self  Ready to Submit

Before you click Continue, make sure the list above contains all activities reportable for 2017 and 2018.

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

1. When did your relationship BEGIN? (If you don't know the exact date, use the first of the month.)

2. As of today's date, has your relationship with this entity ended?
 Yes No

3. Amount of time you spent on activities for the organization in:
 a. 2017 10 to 50 days
 How many days did you spend on the activities, including nights and weekends?
 15
 b. 2018 Fewer than 10 days

4. Do you intend to be in the next twelve months, or were you in the last twelve months, a principal investigator, co-investigator, or key person for research, or a project, sponsored by this organization?
 Yes No

5. Do you intend to be in the next twelve months, or were you in the last twelve months, a project director for any fee-for-service work coming into the UW from this organization?
 Yes No

6. What positions or roles do/did you, your spouse, or your dependent children have with the organization?
 Check at least one box in each row.


Advisory Board (AB) membership	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Consulting (includes DSMB service)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Trustee or service on Board of Directors (BOD)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Executive position (e.g. president, treasurer, CEO, CIO)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Other employee position (e.g. teaching services to another entity)	Self <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input type="checkbox"/>

Commissioned speaker or author (includes honoraria)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Receive royalties from technology licensing (not through WARF)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Holder of an equity interest (e.g. stock, stock options)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Ownership (e.g. sole proprietorship, startup company, llc.)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Expert Witness	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Journal Editor/Grant Reviewer	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Other -please explain:	Self <input type="checkbox"/>	Family <input type="checkbox"/>	EPA Immediate Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>


coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

Compensation

1. For 2017, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$1 - \$4,999
Other Compensation or Gifts 	\$0
<hr/>	
Total Compensation	\$1 - \$4,999

2. For 2018, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$0
Other Compensation or Gifts 	\$0
<hr/>	
Total Compensation	\$0

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

Additional Questions

1. Does the organization support your work at the University with gifts (monetary) or gifts-in-kind (e.g. equipment, materials, etc.), either directly to the University or via the UW Foundation?
 Yes No

2. Do you supervise students or staff (including fellows and postdoctoral scholars) who are:
 - a) Involved in activities for the organization, whether funded or unfunded? Yes No
 - b) Financially supported by this organization? Yes No

3. If you would like to provide additional details about your relationship with this entity, please do so in the box below. (*Optional*)

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

2019 Outside Activities Report - Personal Information

Name: Timothy Van Deelen

- o You are listed in ARROW as a member of a human subjects study team.
- o You are an investigator on a federally-funded sponsored project.

1. Do you have an appointment at the University of Wisconsin-Madison? Yes No

Faculty and staff: Add to the list below if necessary, or delete appointments that are no longer relevant. If you have multiple appointments, please indicate all units in which you work.

Students: If you participate in UW-Madison research, please indicate the unit(s) through which you are conducting research - even if you are not employed in that department or unit.

UDDS	Name
A076400	CALS/ FOREST & WILDLIFE ECOL

2. In calendar year 2018 or 2019, did you, your spouse, or your dependent children have any reportable activities related to your institutional responsibilities?

Yes No

Reminder: Reportable activities include [Compensation](#)
[Ownership](#)
[Leadership](#)

3. At any time during 2018 or 2019 was your appointment level reduced because of a leave of absence or sabbatical? Yes No


4. Do you hold a UW-Extension appointment? Yes No

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

2019 Outside Activities Report - Outside Activities

Please report **ALL** outside activities related to your institutional responsibilities on this page.

Reminder: Reportable activities include: [Compensation](#) [Ownership](#) [Leadership](#)

Name	Total Compensation	Total Ownership	Roles	Status
Au Sable Institute	2018: \$5,000 - \$9,999 2019: \$0		Other employee position: Self 	Ready to Submit

Previously reported relationships that ended in 2018 or 2019

Name	Ended	Total Compensation	Total Ownership	Roles
------	-------	--------------------	-----------------	-------

There are no items to display

Before you click Continue, make sure the lists above contains all activities reportable for 2018 and 2019.

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

1. When did your relationship BEGIN? (If you don't know the exact date, use the first of the month.)

7/14/2018

2. As of today's date, has your relationship with this entity ended?

Yes No

3. Amount of time you spent on activities for the organization in:

a. 2018 10 to 50 days

How many days did you spend on the activities, including nights and weekends?

20

b. 2019 Fewer than 10 days

4. Do you intend to be in the next twelve months, or were you in the last twelve months, a principal investigator, co-investigator, or key person for research, or a project, sponsored by this organization?

Yes No

5. Do you intend to be in the next twelve months, or were you in the last twelve months, a project director for any fee-for-service work coming into the UW from this organization?

Yes No

6. What positions or roles do/did you, your spouse, or your dependent children have with the organization?
Check at least one box in each row.


	Self	Family	None
Advisory Board (AB) membership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Consulting (includes DSMB service)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trustee or service on Board of Directors (BOD)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Executive position (e.g. president, treasurer, CEO, CIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other employee position (e.g. teaching services to another entity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioned speaker or author (includes honoraria)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Receive royalties from technology licensing (not through WARF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Holder of an equity interest (e.g. stock, stock options)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Ownership (e.g. sole proprietorship, startup company, llc.)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Expert Witness	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Journal Editor/Grant Reviewer	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Other -please explain:	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>


coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

Compensation

1. For 2018, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$5,000 - \$9,999
Other Compensation or Gifts 	\$0
<hr/>	
Total Compensation	\$5,000 - \$9,999

2. For 2019, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$0
Other Compensation or Gifts 	\$0
<hr/>	
Total Compensation	\$0

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

Additional Questions

1. Does the organization support your work at the University with gifts (monetary) or gifts-in-kind (e.g. equipment, materials, etc.), either directly to the University or via the UW Foundation?
 Yes No

2. Do you supervise students or staff (including fellows and postdoctoral scholars) who are:
 - a) Involved in activities for the organization, whether funded or unfunded? Yes No
 - b) Financially supported by this organization? Yes No

3. If you would like to provide additional details about your relationship with this entity, please do so in the box below. (*Optional*)

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

2021 Outside Activities Report - Personal Information

Name: Timothy Van Deelen

- o You are listed in ARROW as a member of a human subjects study team.
- o You are an investigator on a federally-funded sponsored project.

1. Do you have an appointment at the University of Wisconsin-Madison? Yes No

Faculty and staff: Add to the list below if necessary, or delete appointments that are no longer relevant. If you have multiple appointments, please indicate all units in which you work.

Students: If you participate in UW-Madison research, please indicate the unit(s) through which you are conducting research - even if you are not employed in that department or unit.

UDDS	Name
A076400	CALS/ FOREST & WILDLIFE ECOL

2. In calendar year 2020 or 2021, did you, your spouse, or your dependent children have any reportable activities related to your institutional responsibilities?

Yes No

Reminder: Reportable activities include [Compensation](#)
[Ownership](#)
[Leadership](#)

3. Do you have an ongoing relationship with a foreign research institute or foreign entity? Yes No

Reminder: Foreign entity relationships include [Research Support](#)
[Compensation](#)
[Academic Appointment](#)


4. At any time during 2020 or 2021 was your appointment level reduced because of a leave of absence or sabbatical? Yes No

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

2021 Outside Activities Report - Outside Activities

1. **Please report ALL outside activities related to your institutional responsibilities on this page.**

Reminder: Reportable activities include: [Compensation](#) [Ownership](#) [Leadership](#)

Name	Total Compensation	Time Spent	Total Ownership	Roles	Status
Au Sable Institute	2020: \$0 2021: \$5,000 - \$9,999	2020: 0 days 2021: 15 days		Other employee position: Self	 Ready to Submit

Previously reported relationships that ended in 2020 or 2021

Name	Ended	Total Compensation	Total Ownership	Roles
------	-------	--------------------	-----------------	-------

There are no items to display

Before you click Continue, make sure the lists above contains all activities reportable for 2020 and 2021.

2. **Please review your aggregate time commitment toward outside activities for the current year.** 

You report that you anticipate spending 15 days on all outside activities in the current year.

If your anticipated time commitment for the current year exceeds an average of two days per month (e.g., 18 days for nine-month appointments and 24 for twelve-month appointments), you must request prior approval from your Dean's/Division office.

Date Submitted	Description	Documents
----------------	-------------	-----------

There are no items to display

coiprogram@research.wisc.edu • Sam Leinweber, 608-890-4603 • Stephanie LeRoy, 608-890-4460

1. When did your relationship BEGIN? (If you don't know the exact date, use the first of the month.)
7/14/2018

2. As of today's date, has your relationship with this entity ended?
 Yes No

3. Amount of time you spent and anticipate spending on activities for the organization in:

a. 2020 Fewer than 18 days

How many days did you spend on the activities, including nights and weekends?
0

b. 2021 Fewer than 18 days

How many days do you anticipate spending on the activities, including nights and weekends?
15

4. Do you intend to be in the next twelve months, or were you in the last twelve months, a principal investigator, co-investigator, or key person for research, or a project, sponsored by this organization?
 Yes No

5. Do you intend to be in the next twelve months, or were you in the last twelve months, a project director for any fee-for-service work coming into the UW from this organization?
 Yes No

6. Do you intend to receive in the next twelve months, or did you receive in the last twelve months, research support from this organization that is not managed by or expended through UW-Madison?
 Yes No

7. What positions or roles do/did you, your spouse, or your dependent children have with the organization?
Check at least one box in each row.


	Self	Family	None
Advisory Board (AB) membership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Consulting (includes DSMB service)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trustee or service on Board of Directors (BOD)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Executive position (e.g. president, treasurer, CEO, CIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Academic appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other employee position (e.g. teaching services to another entity)	Self <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	None <input type="checkbox"/>
Commissioned speaker or author (includes honoraria)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Receive royalties from technology licensing (not through WARF)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Holder of an equity interest (e.g. stock, stock options)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Ownership (e.g. sole proprietorship, startup company, llc.)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Travel events paid for or reimbursed by the entity	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Expert Witness	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Journal Editor/Grant Reviewer	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Other -please explain:	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>


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Compensation

1. For 2020, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$0
Other Compensation or Gifts 	\$0
<hr/>	
Total Compensation	\$0

2. For 2021, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$5,000 - \$9,999
Other Compensation or Gifts 	\$0
<hr/>	
Total Compensation	\$5,000 - \$9,999

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Additional Questions

1. Does the organization support your work at the University with gifts (monetary) or gifts-in-kind (e.g. equipment, materials, etc.), either directly to the University or via the UW Foundation?
 Yes No

2. Do you supervise students or staff (including fellows and postdoctoral scholars) who are:
 - a) Involved in activities for the organization, whether funded or unfunded? Yes No
 - b) Financially supported by this organization? Yes No

3. If you would like to provide additional details about your relationship with this entity, please do so in the box below. (*Optional*)

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2022 Outside Activities Report - Personal Information

Name: **Timothy Van Deelen**

- o You are listed in ARROW as a member of a human subjects study team.
- o You are an investigator on a federally-funded sponsored project.

1. Do you have an appointment at the University of Wisconsin-Madison? **Yes** **No**

Faculty and staff: Add to the list below if necessary, or delete appointments that are no longer relevant. If you have multiple appointments, please indicate all units in which you work.

Students: If you participate in UW-Madison research, please indicate the unit(s) through which you are conducting research - even if you are not employed in that department or unit.

UDDS	Name
A076400	CALS/ FOREST & WILDLIFE ECOL

2. In calendar year 2021 or 2022, did you, your spouse, or your dependent children have any reportable activities related to your institutional responsibilities?

Yes **No**

Reminder: Reportable activities include [Compensation](#)
[Ownership](#)
[Leadership](#)

3. Do you have an ongoing relationship with a foreign research institute or foreign entity? **Yes** **No**

Reminder: Foreign entity relationships include [Research Support](#)
[Compensation](#)
[Academic Appointment](#)

4. At any time during 2021 or 2022 was your appointment level reduced because of a leave of absence or sabbatical? **Yes** **No**

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2022 Outside Activities Report - Outside Activities

1. Please report ALL outside activities related to your institutional responsibilities on this page.

Name	Total Compensation	Time Spent	Total Ownership	Roles
Au Sable Institute	2021: \$5,000 - \$9,999 2022: \$5,000 - \$9,999	2021: 15 days 2022: 15 days		Other employee position: Self

Previously reported relationships that ended in 2021 or 2022

Name	Ended	Total Compensation	Total Ownership	Roles
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There are no items to display

2. Please review your aggregate time commitment toward outside activities for the current year.

You report that you anticipate spending 15 days on all outside activities in the current year.

If your anticipated time commitment for the current year exceeds an average of two days per month (e.g., 18 days for nine-month appointments and 24 for twelve-month appointments), you must request prior approval from your Dean's/Division office.

Date

Submitted Description

Documents

There are no items to display

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1. When did your outside relationship BEGIN? (If you don't know the exact date, use the first of the month.)
7/14/2018

2. As of today's date, has your outside relationship with this entity ended?
 Yes **No**

3. Amount of time you spent and anticipate spending on activities for the organization in:

a. 2021 Fewer than 18 days

How many days did you spend on the activities, including nights and weekends?
15

b. 2022 Fewer than 18 days

How many days do you anticipate spending on the activities, including nights and weekends?
15

4. Do you intend to be in the next twelve months, or were you in the last twelve months, a principal investigator, co-investigator, or key person for research, or a project, sponsored by this organization?
 Yes **No**

5. Do you intend to be in the next twelve months, or were you in the last twelve months, a project director for any fee-for-service work coming into the UW from this organization?
 Yes **No**

6. Do you intend to receive in the next twelve months, or did you receive in the last twelve months, research support from this organization that is not managed by or expended through UW-Madison?
 Yes **No**

7. What positions or roles do/did you, your spouse, or your dependent children have with the organization?
Check at least one box in each row.

	Self	Family	None
Advisory Board (AB) membership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Consulting (includes DSMB service)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trustee or service on Board of Directors (BOD)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Executive position (e.g. president, treasurer, CEO, CIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Academic appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other employee position (e.g. teaching services to another entity)	Self <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	None <input type="checkbox"/>
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Ownership (e.g. sole proprietorship, startup company, llc.)	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Travel events paid for or reimbursed by the entity	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Expert Witness	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Journal Editor/Grant Reviewer	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Other -please explain:	Self <input type="checkbox"/>	Family <input type="checkbox"/>	None <input checked="" type="checkbox"/>

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Compensation

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Monetary Compensation	\$5,000 - \$9,999
Other Compensation or Gifts	\$0
<hr/>	
Total Compensation	\$5,000 - \$9,999

2. For 2022, indicate the type and amount of net compensation you, your spouse, or dependent children received directly from the organization (not through UW).

Monetary Compensation	\$5,000 - \$9,999
Other Compensation or Gifts	\$0
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Total Compensation	\$5,000 - \$9,999

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Additional Questions

1. Does the organization support your work at the University with gifts (monetary) or gifts-in-kind (e.g. equipment, materials, etc.), either directly to the University or via the UW Foundation?
 Yes **No**

2. Do you supervise students or staff (including fellows and postdoctoral scholars) who are:
 - a) Involved in activities for the organization, whether funded or unfunded? **Yes** No
 - b) Financially supported by this organization? **Yes** No

3. If you would like to provide additional details about your relationship with this entity, please do so in the box below. (*Optional*)
I teach at the Au Sable Institute on a contractual basis. None of the students (question 2 above) at the institute are UW Madison students.

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