Research and Sponsored Activities

POLICY MANUAL

July 1, 2018

Division of RESEARCH

Conduct of Research

Proposal Development and Submission

Research Compliance

Research Facility Use

Post Award Administration

Tech Transfer/Commercialization

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ASSIGNMENT OF PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

Policy Number: 1.0.1 **Version Number:** 003
Classification: Conduct of Research **Effective Date:** February 12, 2013
Responsible University Office: Vice President for Research

1.0 Purpose

The purpose of this policy is to specify who may serve as Principal Investigator/Project Director on behalf of Clemson University, and to provide an administrative process when exceptions to the policy are deemed necessary.

2.0 Applicability

This policy applies to all individuals who request the role of Principal Investigator/Project Director on behalf of Clemson University for both funded and unfunded research.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Adjunct Faculty- Individual fulfilling current eligibility requirements as defined by the Faculty Manual.

Emeritus Faculty – Individual fulfilling current eligibility requirements as defined by the Faculty Manual

Graduate Research Assistant – Individual fulfilling current eligibility requirements as defined by The Graduate School.

Principal Investigator/Project Director – Eligible faculty or staff member who bears prime responsibility for the scientific, programmatic and financial responsibility for a project, either funded or unfunded.

5.0 Policy

The duties that are delegated through the assignment of an individual as the Principal Investigator or Project Director require that the individual placed within that role has appropriate,

formal and legal institutional authority to supervise, direct or otherwise control all decisions necessary for successful project performance. Therefore, the University has designated the following categories of personnel as **ELIGIBLE** to serve as Principal Investigator or Project Director:

- All full-time regular faculty, regardless of academic rank;
- Visiting faculty/scientists during the time they are employed by the University;
- Full-time staff including research faculty and post-doctoral scholars;
- Other University employees as designated by the approval of the Vice President for Research using the Request to Serve as Principal Investigator/Project Director form (paper form or InfoEd eForm)
- Graduate and doctoral students submitting an IRB for purposes of completing research to fulfill graduate thesis or dissertation requirements. This exception applies to IRB submissions only and a faculty advisor must be named on the research team.

In recognition of its oversight role of the University's project performance, personnel supervision, legal responsibilities and various internal and federal compliance requirements associated with sponsored program accounts, suitable level of institutional oversight toward responsible and accountable project conduct must be legally sustainable within the University's policies and procedures. Therefore, employment status serves as an important determinant for proper assignment as Principal Investigator/Project Director.

Categories of employees **INELIGIBLE** to serve as Principal Investigator/Project Director include:

- Adjunct or Emeritus Faculty and Other Individuals Not Employed by the University
- Graduate Research Assistant (GRA) – The standard, appropriate action if a sponsor requires such specific personnel is to name a faculty member (e.g. the student's advisor) with the necessary technical qualifications to serve as the project's PI.
- Temporary Employee and Temporary Grant (TGP) Employee – Temporary and temporary grant employees' termination dates coincide as a matter of routine with the completion date of a sponsored project. The University has significant obligations to the sponsor associated with the project's completion that can require effort of the PI past the sponsor authorized completion date of the project. The University's preference is that the duties be assigned to a permanent faculty position. Care must be observed with the appointment of an individual Principal Investigator whose official actions are sanctioned and reimbursed only within the period of project performance. Consequently, assignment may be conditioned upon certain actions (e.g. appointment of Co-Investigator from within the faculty or extra oversight by the department chair).

<u>Variance to the Policy</u>

Upon request of the chair of the department where the research funding resides, and concurrence by the Dean or applicable Associate Dean, the Vice President for Research or his designee may grant a variance of this policy when circumstances sufficiently warrant such action to further the goals of Clemson University.

6.0 Responsibilities

Eligible Faculty/Staff: Complete Sponsored Programs Certification Program no later than at time of award, and maintain active certification during the period of performance, including any extension periods.

Ineligible Faculty/Staff: Obtain required approvals from department chair, College Associate Dean, and Vice President for Research

College Pre-Award Support Centers - Complete Request to Serve as Principal Investigator/Project Director Form in InfoEd or Division of Research approved paper form

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to reject or return funding received by unapproved individuals, and proceed with appropriate personnel actions as necessary.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Senior Vice President for Research, Scholarship and Creative Endeavors

December 4, 2024
Date

REVISION HISTORY

EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
February 12, 2013		
July 1, 2018	1	Clarification of language and reformat of policy
August 21, 2023	2	Clarification of PI CertificationRequirements
August 9, 2024	3	Clarification of graduate and doctoral students as PI for IRBs supporting their graduate research requirements

CLEMSON UNIVERSITY

POLICY FOR RESPONDING TO ALLEGATIONS OF RESEARCH MISCONDUCT

Endorsed by the Faculty Senate on March 11, 2008
Approved by the Academic Council on April 14, 2008
Approved by the Board of Trustees Research Committee on April 17, 2008
Approved by the Board of Trustees on April 18, 2008
Revision approved by the Executive Leadership Team on November 21, 2016

This policy addresses how Clemson University will respond to allegations of research misconduct as defined by various federal regulations. The procedures outlined in this document meet the federal regulatory standards established by federal agencies.

CLEMSON UNIVERSITY

Policy for Responding to Allegations of Research Misconduct

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Notes refer to relevant sections of federal regulations.

I. Introduction*

A. General Policy

Clemson University (CU) expects ethical conduct on the part of all those engaged in research. As articulated in CU's professional ethics statement, researchers at CU seek to employ the highest standards of intellectual honesty.

Through its Office of Research (OR), CU seeks to provide leadership in supporting a culture of research integrity within the University, a culture in which all participants in the CU research enterprise internalize and pursue the goal of self-directed responsible conduct of research. CU is proud of its tradition of excellence in research and of our longstanding commitment to the highest standards for scientific integrity and the responsible conduct of research. It is every researcher's responsibility to promote a commitment to intellectual honesty and personal responsibility for one's actions, and to respect everyone involved in the research enterprise. As an institution, we are committed to preventing misconduct in research and support good faith efforts to intervene in such misconduct.

B. Scope

This policy and the associated procedures apply to all individuals at Clemson University engaged in research as defined in Section II of this document, including any research that is supported by the federal government or for which federal support is requested**.** This policy applies to any person paid by, under the control of, or affiliated with the institution, such as scientists, trainees, technicians and other staff members, students working as laboratory or research assistants, fellows, guest researchers, or collaborators at CU.

This policy and associated procedures applies to all allegations of research misconduct and will normally be followed when an allegation of possible research misconduct is received by any institutional official or committee. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interests of the institution and funding agency. Any change from normal procedures also must ensure fair treatment to the subject of the inquiry and/or investigation. Any significant variation should be approved in advance by the Vice President for Research of Clemson University.

Research practica are an exception to this policy. Research practica (usually in the form of course-related research projects and/or directed studies) are designed to provide students an opportunity to practice various research methods such as interview, observation and survey techniques, laboratory and field procedures, measurement of behavior (e.g., reaction time, speech, problem solving) as well as data analysis. Research practica also allow for skills development exercises such as literature reviews and online searches. Typically such projects are quite limited in scope, do not lead to generalizable knowledge and are not undertaken with that goal in mind. For example, a student may interview a peer when the interview does not involve any sensitive, personal information or do literature reviews for a course-related research paper. These projects are considered "classroom exercises" and do not fall under the

scope of this research misconduct policy. However, thesis and dissertation research done by graduate students for terminal degrees would fall under the purview of this policy.

II. Definitions

A. *Allegation* means any written or oral statement or other indication of possible research misconduct made to an institutional official.

B. *Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

C. *Deciding Official* means the Vice President for Research (VPR) of Clemson University. The VPR will make determinations on allegations of research misconduct and any responsive institutional actions. The Deciding Official will not be the same individual as the Research Integrity Officer.

D. *Federal support* means federal grants, contracts, or cooperative agreements or applications therefore.

E. *Good faith allegation* means an allegation made with the honest belief that research misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

F. *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.[1]

G. *Investigation* means the formal examination and evaluation of all relevant facts to determine if research misconduct has occurred, and, if so, to determine the responsible person, the seriousness of the research misconduct and to evaluate appropriate action.[2]

H. *NSF* means the National Science Foundation.

I. *OIG* means the Office of the Inspector General, the office within the National Science Foundation (NSF) that is responsible for the research misconduct and research integrity activities.

J. *ORI* means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the research misconduct and research integrity activities of the U.S. Public Health Service.

K. *PHS* means the U.S. Public Health Service, an operating component of the DHHS.

L. *PHS regulation* means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of research misconduct, which is set forth at 42 C.F.R. Part 93

M. *Research* for the purposes of this document is defined as any systematic investigation, including research development (pilot testing), designed to develop or contribute to generalizable knowledge. Generalizable knowledge includes any systematically generated products of research intended for dissemination beyond the institutional setting (e.g., program evaluation research for internal use would not usually be applicable).

N. *Research Integrity Officer* means the institutional official responsible for assessing allegations of research misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.

O. *Research misconduct* for the purposes of this document and as defined by the federal Office of Science and Technology Policy is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Fabrication is making up data or results or recording or reporting made-up data or results. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion. A finding of research misconduct requires that--(a) There be a significant departure from accepted practices of the relevant research community; and (b) The misconduct be committed intentionally, knowingly, or recklessly; and (c) The allegation be proven by a preponderance of the evidence.

P. *Research record* means any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

Q. *Respondent* means the person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

R. *Retaliation* means any action that adversely affects the employment or other

institutional status of an individual that is taken by an institution or an employee because the individual has in good faith, made an allegation of research misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation.

S. *Complainant* means a person who makes an allegation of research misconduct.

III. Rights and Responsibilities

A. Research Integrity Officer

The Vice President for Research, in consultation with the Faculty Senate President, will appoint the Research Integrity Officer who will have primary responsibility for implementation of the procedures set forth in this document. The Research Integrity Officer will be an institutional official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of research misconduct, and those who report apparent research misconduct in good faith.

The Research Integrity Officer will appoint the inquiry and investigation committees, in consultation with other institutional officials as appropriate, and will ensure that necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence in an inquiry or investigation. The Research Integrity Officer will attempt to ensure that confidentiality is maintained.

The Research Integrity Officer will assist inquiry and investigation committees and all institutional personnel in complying with these procedures and with applicable standards imposed by government or external funding sources. The Research Integrity Officer is also responsible for maintaining files of all documents and evidence and for the confidentiality and the security of the files.

The Research Integrity Officer will report to federal agencies as required by regulation and keep them apprised of any developments during the course of the inquiry or investigation that may affect current or potential federal funding for the individual(s) under investigation or that the federal agency needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest.[3]

B. Complainant

The complainant will have an opportunity to testify before the inquiry and investigation committees, to review portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, to be informed of the results of the inquiry and investigation, and to be protected from retaliation. Also, if the Research Integrity Officer has determined that the complainant may be able to provide pertinent information on any portions of the draft report, these portions will be given to the complainant for comment.[4]

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry and/or investigation.

C. Respondent

The respondent will be informed of the allegations when an inquiry is opened and notified in writing of the final determinations and resulting actions. The respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation committees, to review the draft inquiry and investigation reports, and to have the advice of personal counsel but counsel may not participate in the committee (inquiry or investigation) proceedings.

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry or investigation. If the respondent is not found guilty of research misconduct, he or she has the right to receive reasonable and practical institutional assistance in restoring his or her reputation.[5]

D. Deciding Official

The Deciding Official will receive the inquiry and/or investigation report and any written comments made by the respondent or the complainant on the draft report. The Deciding Official will consult with the Research Integrity Officer or other appropriate officials and will determine whether to conduct an investigation, whether research misconduct occurred, whether to impose sanctions, or whether to take other appropriate administrative actions [see section X].

IV. General Policies and Principles

A. Responsibility to Report Misconduct

All employees, individuals or committees associated with CU have an ethical obligation to report observed, suspected, or apparent research misconduct to the Research Integrity Officer. If an individual or committee is unsure whether a suspected incident falls within the definition of research misconduct, they may call the Research Integrity Officer to discuss the suspected research misconduct informally. If the circumstances described by the individual do not meet the definition of research misconduct, the Research Integrity Officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.
At any time, an employee may have confidential discussions and consultations about concerns of possible research misconduct with the Research Integrity Officer and will be counseled about appropriate procedures for reporting allegations.

Individuals may also report suspected misconduct directly to a funding agency.

B. Protecting the Complainant

The Research Integrity Officer will monitor the treatment of individuals who bring allegations of research misconduct or of inadequate institutional response thereto, and those who cooperate in inquiries or investigations. The Research Integrity Officer will ensure that these persons will not be subject to retaliation in the terms and conditions of their employment or other status at the institution and will review instances of alleged retaliation for appropriate action.

Employees should immediately report any alleged or apparent retaliation to the Research Integrity Officer.

Also the institution will protect the privacy of those who report research misconduct in good faith to the maximum extent possible. For example, if the complainant requests anonymity, the institution will make an effort to honor the request during the allegation assessment or inquiry within applicable policies and regulations and state and local laws. The complainant will be advised that if the matter is referred to an investigation committee and the complainant's testimony is required, anonymity may no longer be guaranteed. CU will undertake reasonable and practical efforts to protect the positions and reputations of those persons who, in good faith, make allegations.[6]

The RIO may notify University Administrators as deemed appropriate.

C. Protecting the Respondent

Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s) in the inquiry or investigation and confidentiality to the extent possible without compromising public health and safety or thoroughly carrying out the inquiry or investigation.[7]

Institutional employees accused of research misconduct may consult with legal counsel, faculty or staff ombudsman or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice.

D. Cooperation with Inquiries and Investigations

CU employees will cooperate with the Research Integrity Officer and other CU officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to the Research Integrity Officer or other institutional officials on research misconduct allegations.

E. Preliminary Assessment of Allegations

Upon receiving an allegation of research misconduct, the Research Integrity Officer will immediately assess the allegation to determine whether the allegation falls under the definition of research misconduct, whether there is sufficient

evidence to warrant an inquiry, and whether funding agencies must be notified. If the respondent is a graduate student, the Research Integrity Officer will consult with the dean of the graduate school responsible for the administration of the academic integrity policy.

V. Conducting the Inquiry

A. Initiation and Purpose of the Inquiry

Following the preliminary assessment, if the Research Integrity Officer has determined that the allegation provides sufficient information to allow specific follow-up, and falls under the definition of research misconduct, he or she will immediately initiate the inquiry process. In initiating the inquiry, the Research Integrity Officer should identify clearly the original allegation and any related issues that should be evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. The purpose of the inquiry is **not** to reach a final conclusion about whether research misconduct definitely occurred or who was responsible. The findings of the inquiry must be set forth in an inquiry report.

B. Sequestration of the Research Records

After determining that an allegation falls within the definition of research misconduct, the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured. The Research Integrity Officer may consult with knowledgeable individuals for advice and assistance in this regard.

C. Appointment of the Inquiry Committee

The Research Integrity Officer, in consultation with the Faculty Senate President and other institutional officials as appropriate, will appoint an inquiry committee and committee chair within 15 calendar days of the initiation of the inquiry. The inquiry committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the institution. There must be a minimum of three individuals on the inquiry committee and a majority of the committee members must be tenured faculty.

The Research Integrity Officer will notify the respondent of the proposed committee membership within 10 calendar days of the appointment of the inquiry committee.

If the respondent submits a written objection to any appointed member of the inquiry committee or expert based on bias or conflict of interest within 5 days of notification of the membership, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. The purpose is not to determine whether research misconduct definitely occurred or who was responsible.

At the committee's first meeting, the Research Integrity Officer will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The Research Integrity Officer and a representative of the Office of General Counsel will be present or available throughout the inquiry to advise the committee as needed.

E. Inquiry Process

The inquiry committee will normally interview the complainant, the respondent, and key witnesses as well as examining relevant research records and materials. Then the inquiry committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer and a representative of the Office of General Counsel, the committee members will decide whether there is sufficient evidence of possible research misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether research misconduct occurred or conducting exhaustive interviews and analyses.

VI. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report must be prepared that states the name and title of the committee members and experts, if any; the allegations; federal support, if any; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted or not; and the committee's recommendation as to whether an investigation should be undertaken and whether any other actions should be taken. A representative of the Office of General Counsel will review the report for legal sufficiency.

B. Comments on the Draft Report by the Respondent and the Complainant

The Research Integrity Officer will provide the respondent with a copy of the draft inquiry report for comment and rebuttal and will provide the complainant, if he or she is identifiable, with portions of the draft inquiry report that address the complainant's role and opinions in the investigation.

1. Confidentiality

The Research Integrity Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

2. Receipt of Comments

Within 10 calendar days of their receipt of the draft report, the complainant and respondent will provide their written comments, if any, to the inquiry committee. Any comments that the complainant or respondent submits on the draft report will become part of the final inquiry report and record. Based on the comments, the inquiry committee may revise the report as appropriate.

C. Time Limit for Completing the Inquiry Report

The inquiry committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than 45 calendar days following its first meeting, unless the Research Integrity Officer approves an extension for good cause. If the Research Integrity Officer approves an extension, the reason for the extension will be entered into the records of the case and the report. The respondent also will be notified of the extension.

D. Inquiry Decision and Notification

1. Decision by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the Deciding Official, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination, which will be made within 60 calendar days of the first meeting of the inquiry committee[8]. Any extension of this period will be based on good cause and recorded in the inquiry file. If an investigation is warranted, it must begin within 30 calendar days of the Deciding Official's determination[9].

2. Notification

The Research Integrity Officer will notify both the respondent and the

complainant in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

VII. Conducting the Investigation

A. Purpose of the Investigation

The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, social services, education policy or public health practice. The findings of the investigation will be set forth in an investigation report.

B. Sequestration of the Research Records

The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. This sequestration should occur before or at the time the respondent is notified that an investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The Research Integrity Officer, in consultation with the Faculty Senate President and other institutional officials as appropriate, will appoint an investigation committee and the committee chair within 15 calendar days of the notification to the respondent that an investigation is planned or as soon thereafter as practicable. The investigation committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation.[10] These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the institution. Individuals appointed to the investigation committee may also have served on the inquiry committee. There must

be a minimum of three individuals on the investigation committee and a majority of the committee members must be tenured faculty.

The Research Integrity Officer will notify the respondent of the proposed committee membership within 10 days of the appointment of the investigation committee. If the respondent submits a written objection to any appointed member of the investigation committee or expert within five days of notification of the membership, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

1. Charge to the Committee

The Research Integrity Officer will define the subject matter of the investigation in a written charge to the committee that: Describes the allegations and related issues identified during the inquiry; Identifies the respondent; informs the committee that it must conduct the investigation as prescribed in paragraph E. of this section; defines research misconduct; Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible; Informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent committed the research misconduct intentionally, knowingly, or recklessly; Informs the committee that during the investigation, if additional information becomes available that substantially changes the subject matter of the investigation or would suggest additional respondents, the committee will notify the Research Integrity Officer, who will determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents; and, Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and federal regulations[11].

2. The First Meeting

The Research Integrity Officer, with the assistance of a representative of the Office of General Counsel, will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed

procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of these instructions and, where federal funding is involved, the federal regulation.

E. Investigation Process

The investigation committee will be appointed and the process initiated within 30 calendar days of the completion of the inquiry, if findings from that inquiry provide a sufficient basis for conducting an investigation.[12]

The investigation will normally involve examination of all documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls.[13] Whenever possible, the committee should interview the complainant(s), the respondents(s), and other individuals who might have information regarding aspects of the allegations. Interviews of the respondent should be tape recorded or transcribed. All other interviews should be transcribed, tape recorded, or summarized. Summaries or transcripts of the interviews should be prepared, and included as part of the investigatory file.[14]

VIII. The Investigation Report

A. Elements of the Investigation Report

The final submitted report, which will go to the Deciding Official and any other required entities, must describe the policies and procedures under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings. The report will include the actual text or an accurate summary of the views of any individual(s) found to have engaged in research misconduct as well as a recommendation regarding any sanctions to be imposed and administrative actions to be taken by the institution.[15]

B. Comments on the Draft Report

1. Respondent

The Research Integrity Officer will provide the respondent with a copy of the draft investigation report for comment and rebuttal. The respondent will be allowed 10 calendar days to review and comment on the draft report. The respondent's written comments will be attached to the final report. The findings of the final report should take into account the respondent's comments in addition to all the other evidence.

2. Complainant

The Research Integrity Officer will provide the complainant, if he or she is identifiable, with those portions of the draft investigation report that address the complainant's role and opinions in the investigation. The report should be modified, as appropriate, based on the complainant's comments.

3. Institutional Counsel

The draft investigation report will be transmitted to a representative of the Office of General Counsel for a review of its legal sufficiency. Comments should be incorporated into the final report as appropriate.

4. Confidentiality

In distributing the draft report, or portions thereof, to the respondent and complainant, the Research Integrity Officer will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Research Integrity Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.

C. Institutional Review and Decision

Based on whether the investigation was thorough, fair and complete, the Deciding Official will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. If this determination varies from that of the investigation committee, the Deciding Official will explain in detail the basis for rendering a decision different from that of the investigation committee in the institution's letter transmitting the report to the relevant funding agency or agencies. The Deciding Official's explanation should be consistent with the definition of research misconduct in this document, the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The Deciding Official may also return the report to the investigation committee with a request for further fact-finding or analysis. The Deciding Official's determination, together with the investigation committee's final report, constitutes the final investigation report for purposes of federal review.

When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the complainant in writing. In addition, the Deciding Official will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Deciding Official will inform University Administrators as necessary to implement appropriate corrective actions and/or sanctions. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring

agencies.

D. Transmittal of the Final Investigation Report to relevant entities.

After comments have been received and the necessary changes have been made to the draft report, the investigation committee should transmit the final report with attachments, including the respondent's and complainant's comments, to the Deciding Official, through the Research Integrity Officer. The Research Integrity Officer will submit the final report to the appropriate federal agencies and/or other relevant entities (funding/oversight agencies).

E. Time Limit for Completing the Investigation Report

An investigation should ordinarily be completed within 120 days of its initiation, with the initiation being defined as the first meeting of the investigation committee. This includes conducting the investigation, preparing the report of findings, making the draft report available to the subject of the investigation for comment, submitting the report to the Deciding Official for approval, and submitting the report to the relevant entities.[16]

IX. Specific Requirements for Reporting to Agencies When Federal Funding Is Involved

A. A decision to initiate an investigation must be reported in writing by the Research Integrity Officer to the agency on or before the date the investigation begins.[17] At a minimum, the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the definition of research misconduct, and the applications or grant number(s) involved. The agency must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report.[18] Any significant variations from the provisions of the institutional policies and procedures should be explained in any reports submitted to the agency.

B. If an institution plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the agency regulation when federal funding is involved, the Research Integrity Officer will submit a report of the planned termination to the agency, including a statement of the reasons for the proposed termination.[19]

C. If the institution determines that it will not be able to complete the inquiry and/or investigation within the time frames required, the Research Integrity Officer will submit to the agency a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports as requested by the agency.[20]

D. When federal funding or applications for funding are involved and an admission of

research misconduct is made, the Research Integrity Officer will contact the agency for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of research misconduct. When the case involves PHS funds, the institution is not permitted to accept an admission of research misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI.[21]

E. The Research Integrity Officer will notify the agency at any stage of the inquiry or investigation if:

1. there is an immediate health or safety hazard involved;[22]
2. there is an immediate need to protect Federal resources, reputations or other interests;[23]
3. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;[24]
4. it is probable that the alleged incident is going to be reported publicly;[25]
5. the scientific community or the public should be informed;[26] or
6 if research activities should be suspended;[27] or
7. there is a reasonable indication of possible civil or criminal violation.[28]

X. Institutional Administrative Actions

Clemson University will take appropriate administrative actions against individuals when an allegation of research misconduct has been substantiated.[29]

If the Deciding Official determines that the alleged research misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the Research Integrity Officer. The actions may include:

- withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found.
- removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;
- restitution of funds as appropriate.
- completion of appropriate training, specified by the Deciding Official.
- disciplinary action against the respondent, up to and including termination from employment.

XI. Other Considerations

A. Termination of Institutional Employment or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been

reported, will not preclude or terminate the research misconduct procedures.

If the respondent, without admitting to the research misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all the evidence.

B. Restoration of the Respondent's Reputation[30]

If the institution finds no research misconduct and, where relevant, if the agency concurs, after consulting with the respondent, the Research Integrity Officer will undertake reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances, the Research Integrity Officer should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of research misconduct was previously publicized, or expunging all reference to the research misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation must first be approved by the Deciding Official.

C. Protection of the Complainant and Others[31]

During the research misconduct proceeding and upon its completion, regardless of whether the institution, or the agency determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant

who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO is responsible for implementing any steps the DO approves.

D. Allegations Not Made in Good Faith

If relevant, the Deciding Official will determine whether the complainant's allegations of research misconduct were made in good faith. If an allegation was not made in good faith, the Deciding Official will determine whether any administrative action should be taken against the complainant.

E. Interim Administrative Actions

Institutional officials will take interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.

XII. Record Retention

After completion of a case and all ensuing related actions, the Research Integrity Officer will prepare a complete file, including the records of any inquiry or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or committees. The Research Integrity Officer will keep the file for seven years after completion of the case to permit later assessment of the case. Authorized federal personnel will be given access to the records upon request.[32]

NOTES:

1 42 C.F.R. § 93.212, 45 C.F.R. §689.2(b).
2 42 C.F.R. § 93.215, 45 C.F.R. §689.2(b).
3 42 C.F.R. § 93.308 and 309, 45 C.F.R. §689.4.
4 42 C.F.R. § 93.310(g).
5 42 C.F.R. § 93.304(k).
6 42 C.F.R. § 93.304(l).
7 42 C.F.R. § 93.304 (a) and (b).
8 42 C.F.R. § 93.307(g).
9 42 C.F.R. § 93.310(a).
10 42 C.F.R. § 93.310(f).
11 42 C.F.R. § 93.313.
12 42 C.F.R. § 93.310(a).
13 42 C.F.R. § 93.310(e).
14 42 C.F.R. § 93.310(g) .
15 42 C.F.R. § 93.313.
16 42 C.F.R. § 93.311(a).
17 42 C.F.R. § 93.309, 45 C.F.R. 689.4(b).
18 42 C.F.R. § 93.313, 45 C.F.R. 689.4(b).
19 42 C.F.R. § 93.311(b), 45 C.F.R. 689.4(b).
20 42 C.F.R. § 93.311(c), 45 C.F.R. 689.4(b).
21 42 C.F.R. § 93.316.
22 42 C.F.R. § 93.318(a), 45 C.F.R. 689.4(c)(1).
23 42 C.F.R. § 93.318(b), 45 C.F.R. 689.4(c)(2).
24 42 C.F.R. § 93.318(e), 45 C.F.R. 689.4(c)(5).
25 42 C.F.R. § 93.318(f).
26 42 C.F.R. § 93.318(g), 45 C.F.R. 689.4(c)(6).
27 42 C.F.R. § 93.318(c), 45 C.F.R. 689.4(c)(4).
28 42 C.F.R. § 93.318(d), 45 C.F.R. 689.4(c)(3).

29 42 C.F.R. § 93.315, 45 C.F.R. 689.4(a)(3).
30 42 C.F.R. § 93.304(k).
31 42 C.F.R. § 93.304(l).
32 42 C.F.R. § 93.317(b).

Policy Title: Whistleblower and Non-Retaliation Policy

I. Policy Statement:
Clemson University is responsible for the proper use of its resources and the public and private support that enables it to pursue its mission. The University is committed to conducting its affairs in accordance with applicable laws and regulations, University policies and procedures, and high ethical standards. All employees, students, individuals or committees associated with Clemson University have an obligation to report observed, suspected or apparent misconduct without delay.

This policy confirms that any person who makes a good faith allegation about misconduct, including violations of law, regulations or University policies and procedures, will not be subject to retaliation by the University or anyone within its control.

II. Scope:
This policy applies to any person making a good faith allegation of misconduct against the University.

III. Definitions:

A. *Allegation* means any written or oral report to the University's Ethics/Safety Hotline or to other defined misconduct reporting mechanisms of possible misconduct.

B. *Good faith allegation* means an allegation made with the honest belief that misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

C. *Complainant* means any person who, in good faith, reports an allegation or provides information during an investigation into an allegation of misconduct.

D. *Misconduct* means any violation of federal or state law, rule or regulation, violation of University policies and procedures, or other wrongdoing which results in substantial abuse, misuse, destruction or loss of substantial public funds or public resources.

E. *Respondent* means the person against whom an allegation of misconduct is directed or the person whose actions are the subject of inquiry.

F. *Retaliation* means any action that adversely affects the employment or other institutional status of an individual that is taken by an institution or an employee because the individual has in good faith made an allegation of misconduct or has cooperated in good faith with an investigation of such allegation.

IV. Reporting Allegations of Misconduct:

A. Responsibility to Report Misconduct

All employees, students, individuals or committees associated with Clemson University have an obligation to report observed, suspected or apparent misconduct without delay.

B. Filing a Report

Clemson University provides a confidential Ethics/Safety Hotline operated by a third party. Reports may be made in writing at http://www.lighthouse-services.com/clemson or verbally by calling the Ethics/Safety Hotline toll-free at 1-877-503-7283. The hotline is available 24 hours a day, 7 days a week. Reports may be made anonymously but must include sufficient information to justify initiating an investigation. Reports should focus on facts and avoid speculation and drawing conclusions.

Internal Audit receives all reports of misconduct from the Ethics/Safety Hotline and coordinates investigation with administrators in the relevant University office, including the Office of University Compliance, the Office of General Counsel and Human Resources.

C. Confidentiality

The University will undertake reasonable and practical efforts to protect the confidentiality of those persons who, in good faith, report an allegation of misconduct. Complainants should be advised that if the matter is referred to an investigation committee and the Complainant's testimony is required, anonymity may no longer be guaranteed.

The identity of the Respondent shall be maintained in confidence subject to the same limitations as stated above.

D. Protection Against Retaliation

The University will ensure that those persons who, in good faith, report an allegation of misconduct will not be subject to retaliation in the terms and conditions of their employment or other status at the University and will review instances of alleged retaliation for appropriate action. Complainants should immediately report any alleged or apparent retaliation to the Office of University Compliance, the Office of Internal Audit or the Ethics/Safety Hotline http://www.lighthouse-services.com/clemson or toll-free at 1-877-503-7283.

A person who retaliates against someone who has made a report in good faith under this policy will be subject to disciplinary action, up to and including dismissal from the University.

E. Allegations Not Made in Good Faith
A Complainant who submits an allegation that is not made in good faith or who knows or has reason to know that such allegation is false or materially inaccurate shall be subject to disciplinary action, up to and including dismissal from the University.

F. SC Whistleblower Act
SC Code §8-27-10 et seq. provides additional protections for some Clemson University employees ("covered employees") but does not apply to those employees enumerated in SC Code §8-17-370.

1. To receive the protections of this law, covered employees must make a timely "report" of misconduct as defined in SC Code §8-27-10(4).
2. If the covered employee's report results in saving any public money from abuse, misuse or waste as described in this law, the covered employee may be rewarded up to $2,000 as specified in SC Code §8-27-20(B).
3. Covered employees who are dismissed, suspended, demoted or receive a decrease in compensation within one year of making a timely report of wrongdoing as defined in SC Code §8-27-10(4) may have the right to a nonjury civil action as set forth in SC Code §8-27-30 if the employee has exhausted all available grievance or other administrative remedies and those whose prior proceedings have resulted in a finding that the employee would not have suffered retaliation but for the reporting of the alleged wrongdoing.
4. Covered employees are not protected by this law from dismissal, suspension, demotion or a decrease in compensation for causes independent of making a protected report of alleged violation.

Purpose: This policy is intended to promote the University's compliance and ethical obligations under the regulatory and ethical landscape that governs higher education, to encourage individuals to report good faith concerns of misconduct and to protect those individuals from retaliation.

Responsible Department/Division (Contact Person):
Office of University Compliance

Approval/Revision:
Executive Leadership Team, August 13, 2018
Administrative Council, September 9, 2008

Related Policies:
Clemson University Policy for Responding to Allegations of Research Misconduct, Clemson University IACUC Policy and Procedures for Reporting and Investigating Animal Care and Use Concerns, Summary of SC Code §8-27-10 et seq., Code of Ethical Conduc

POLICY FOR OFFICIAL SIGNATURE AUTHORITY AND LEGAL APPLICANT

Policy Number: 1.0.3 **Version Number:** 001
Classification: Conduct of Research **Effective Date:** February 4, 2002
Responsible University Office: Vice President for Research

1.0 Purpose

The Board of Trustees has delegated to the Vice President for Research the signature authority necessary for effective policy administration and compliance oversight associated with grant and contract management. The purpose of this policy is to specify authority to negotiate binding grants and contracts between the University and its sponsors or other parties engaged in research-related activities.

2.0 Applicability

This policy applies to all Clemson University faculty, staff and students.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Grants and contracts – All documents requiring the signature of Clemson University's Authorized Organizational Representative. Examples include but are not limited to proposal submissions, award documents, contracts, data use agreements, Memoranda of Agreement, Letters of Agreement.

5.0 Policy

The Vice President for Research (or his/her designee) is the official signature authority for all legal documents associated with Sponsored Program Activities. The signature of the Vice President for Research certifies that:

- Project proposals for external funding meet the University's mission, objectives and sponsor's solicitation requirements;
- Grant or contract awards will be performed within the constraints of the grant or contract terms and conditions; and

- The University will maintain, or implement, if necessary, operational policies and procedural standards that comply with appropriate federal policies or regulations. Compliance with federal policies or regulations is essential to the University's ability to continue to conduct or grow research.

Sponsored program awards are legally binding contractual agreements, consequently:

- Only the Vice President for Research (or his/her designee) is authorized to negotiate and/or execute such agreements on behalf of the University;
- Principal Investigators, administrative or academic officers through the vice presential level are not authorized to assume those responsibilities;
- Proposals and awards must clearly identify Clemson University preceding the performing academic unit's name as the official Applicant and Recipient Organization (e.g. Clemson University, on behalf of the College of Science);
- All proposals that are accountable within the University's Fund 20 code – CU Sponsored Program Activities – must be approved through the Office of Sponsored Programs prior to submission to an external sponsor;
- All notifications of an award and associated administrative correspondence are to be addressed or forwarded directly to the Office of Sponsored Program.

The Office of Sponsored Programs is the only University office officially delegated with the authority to negotiate binding grants and contracts between the University and its sponsors. Faculty members are encouraged to make preliminary contacts with their potential sponsor relative to the scientific and technical aspects of proposals. However, the Office of Sponsored Programs must perform all contractual matters and commitments of University resources.

6.0 Responsibilities

When presented with documents for signature related to proposal submission or award acceptance for any grant, contract or research-related agreement, all faculty, staff and students should contact the Office of Sponsored Programs for review, approval, and signature.

7.0 Sanctions for Non-Compliance

First Violation: The unauthorized signer, his/her immediate supervisor where appropriate and his/her department chair will meet with the Vice President for Research resulting in a Memorandum of Record detailing the offense with a copy of the signature policy attached, which will be maintained on file in the Office of the Vice President for Research.

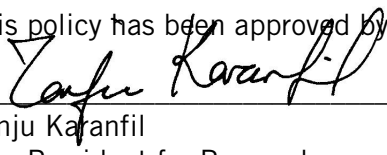
Second Violation: The unauthorized signer, his/her supervisor, department chair and dean will meet with the Vice President for Research, resulting in a formal letter of reprimand to be placed in his/her departmental file, college file and recorded in the Office of Vice President for Research file.

Third Violation: A memorandum to the unauthorized signer and his/her immediate supervisor where appropriate and department chair detailing the new offense, previous official action, and notification regarding the forfeiture of all associated incentive return funds. A formal letter of reprimand will be placed in the unauthorized signer's Office of Human Resources personnel file, departmental, college and Vice President for Research file. Any person found to have violated this policy on three or more occasions may also be subject to further appropriate disciplinary action, including but not limited to reassignment, demotion, suspension or termination of employment.

In all cases where the unauthorized signer is either the department chair or dean, meetings with the Vice President for Research will include the immediate supervisor.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil
Vice President for Research

July 1, 2018
Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
February 4, 2002		
July 1, 2018	1	Clarification of language and reformat of policy, encompassing the Policy for Violation of Official Signature Authority by Principal Investigator

Clemson University
Conflict of Interest Policy

Clemson University Conflict of Interest Policy

I. INTRODUCTION & PERSONS COVERED

Clemson University (Clemson) encourages faculty, staff, and students to engage in appropriate outside relationships, participate in sponsored research, to consult widely, and to engage in other activities that may benefit not only the participants, but also the University itself, and the larger public. However, members of the University community are expected to avoid conflicts of interest or commitment that have the potential to directly and significantly affect the University's interests, compromise objectivity in carrying out University responsibilities, or otherwise compromise performance of University responsibilities, unless such conflicts are disclosed, reviewed, and managed in accordance with this Policy. This Policy on Conflict of Interest (hereinafter, the "Policy") describes the University's approach and process for identifying, reviewing, and managing such relationships to help assure the integrity of University academic and administrative endeavors.

A member of the University community(considered as covered individuals for this Policy) – Officer, Administrator, Faculty, Staff, Student or Trainee – may be deemed to have a conflict of interest when he or she or any of that person's family possesses a personal or financial interest related to an activity that involves his or her University responsibilities. This includes all full-time, part-time, temporary, and contract employees and others acting on Clemson's behalf in the performance of the teaching, research, public service, administration and business operations of the University. Affiliates (entities which derive their not-for-profit status from Clemson such as the Clemson University Foundation, and the Clemson University Research Foundation) shall as a condition of continued business with Clemson adopt a policy substantially similar to this Policy, adapted to accommodate those personnel who are not public employees. (The Conflict of Interest Policy for the Trustees of Clemson University can be found at: http://www.clemson.edu/administration/bot/manual/chapter8.html)

Through this Policy the University seeks to minimize the most obvious and avoidable conflicts of interest that have potential for serious negative effects on performance of its missions. The requirement that an individual's potential conflicts of interest be disclosed and evaluated by others is not a reflection or assessment of the integrity of the individual. As members of a scientific and intellectual community, we recognize that objectivity about one's own situation and credibility with external observers requires an evaluation external to oneself. Moreover, the fact that an individual may be determined to have a conflict does not imply that the conflict is unethical or impermissible; it means simply that the relation of the conflict to the individual's institutional responsibilities must be carefully examined and in some cases managed, because conflicts – real, potential or perceived - may impair performance of the missions of teaching, research, and public service, as well as jeopardize public trust and support.

In pursuit of its own mission Clemson University has formulated the following policy to identify and address actual conflicts of interest and conflicts of commitment. The fundamental

premise of this policy is that each member of the University community has an obligation to act in the best interest of the University and its mission, and must not let outside activities or significant outside financial interests interfere with those obligations. This policy is intended to increase the awareness of faculty, staff and students to the potential for conflicts of interest, and to establish procedures whereby such conflicts may be avoided or properly managed.

II. Purpose and Goals

***Public Trust*:** As a steward of public funds, Clemson has a responsibility to ensure that all its activities reflect its primary goals of education, scholarly inquiry, public service, and economic development. The public has endowed Clemson with certain privileges and entrusted it with resources in the expectation that no single party will derive sole benefit or be unjustly enriched from the public's investment in Clemson. The public should be confident that Clemson is a place of rigorous and open inquiry, unencumbered by potential conflicts of interest that could reasonably be considered to affect the sound judgment of Clemson employees.

***Conflicts of Interest will Occur*:** Clemson, as a contemporary, public research university, has a responsibility to actively participate and promote education, research, and economic development, even if conflicts of interest are more likely and many times unavoidable. Conflicts of interest, therefore, may arise from ordinary and appropriate activities as a part of assigned employment duties so the existence of a conflict should not imply wrongdoing. When conflicts of interest do arise, however, they must be recognized and disclosed, then eliminated or appropriately managed. The Board of Trustees for Clemson has a duty to govern in a manner such that conflicts are appropriately reviewed and acted on to maintain public confidence in the integrity of our institution.

***Goal*:** This policy provides a framework for recognizing and managing employee conflicts of interest, and should minimize even the appearance of conflicts of interest. The primary goal of this policy is to prevent an employee's personal interest and activities from adversely influencing Clemson operations.

***Enterprise Policy*:** Particular units and activities of Clemson may have specific conflict of interest policies or guidelines. Those specific policies may in certain cases be more restrictive than this enterprise wide policy. It is intended, however, that this policy will apply to the entire Clemson enterprise, providing a framework for those specific additional policies and guidelines to operate under, such that those specific policies and guidelines will not supersede this policy except as approved by the Administrative Council.

III. Principles

This policy reflects the following guiding principles:

***Objectivity and integrity in decision-making*:** Clemson University's employees are obligated to make decisions that are in the best interest of the institution, free from any conflict that might place personal interests ahead of the public interest. In particular, Clemson University employees are obligated to make appropriate use of University funds by conducting financial and contractual

transactions in the best interest of the institution, free from any conflict that might place personal financial interests ahead of the public interest.

***Fulfillment of obligations to students*:** The student-faculty relationship lies at the heart of the academic enterprise. Insulating that relationship from inappropriate pressures is vital to the educational welfare of individual students and to the quality of teaching that the institution provides.

***Transparency in relationships with external communities*:** Activities with outside enterprises and other economic activities of the University itself should be conducted so as to maintain public confidence in the University as an institution committed to the pursuit of truth and advancement of knowledge. Universities depend on the goodwill and steady support of their alumni, community and government leaders, and many members of the public, who rely on the institutions to uphold standards of academic integrity.

***Commitment to oversight and management*:** The University's leadership and administration must be aware of and deal appropriately with potential conflict of interest situations, both real and perceived, which may arise in connection with outside professional activities. All Clemson University employees are obligated to disclose any interests that may be determined by the Conflict of Interest Committee (COIC) as potential conflicts and the University is then responsible for providing a conflict of interest management process that protects the interests of employees, the University and the public.

IV. Policy Implementation

To ensure compliance with this policy, all employees will disclose as the situation arises and at least on an annual basis, professional and relevant personal activities and relationships that create a conflict of interest or that have the appearance of creating a conflict of interest, according to the procedure specified in Appendix B. For all positive disclosures, a plan (attached hereto in Appendix C) to manage, mitigate or eliminate the conflict will be developed by the employee with his/her supervisor and approved by the Conflict of Interest Committee, also as specified in Appendix B.

V. Sanctions for violation

1. Employees who violate this policy including but not limited to failing to disclose any financial interests or failing to comply with a Management Plan shall be reported to the Responsible Vice President.

2. The Responsible Vice President shall determine what, if any, disciplinary action may be necessary.

3. Penalties for failure to comply with the requirements of this policy shall be the same as for any other violation of University policy and may range from a verbal reprimand to dismissal based upon the facts and circumstances of each case.

VI. Priority of Law and Related Statutes, Rules, Policy, and Guidance

***Compliance with the Law*:** Nothing in this policy shall be construed to permit, even with disclosure, any activity that is prohibited by law.

***SC Ethics Act*:**

(a) General: This policy references the S.C. Ethics Act, S.C. Code § 8-13-10 et seq. (http://www.scstatehouse.gov/code/t08c013.php) and is implemented in addition to all requirements of the S.C. Ethics Act and does not supersede it.

(b) Conflicts of Interest in Procurement: The S.C. Ethics Act makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with Clemson, unless certain exceptions apply. (See Clemson University Guidance "Conflicts of Interest in Procurement" http://www.clemson.edu/finance/procurement/policies/psv_policies/psv12pol.html.)

(c) Nepotism: The S.C. Ethics Act contains certain prohibitions against Nepotism and restrictions on Dual Career Employment (see Clemson University Guidance "Conflicts of Interest in Human Resources" SC Code Title 8, Chapters 5 and 13-- http://www.scstatehouse.gov/code/title8.php.)

***NCAA Rules*:** As a member of the National Collegiate Athletic Association ("NCAA"), Clemson and its employees involved in athletic related activities must be in compliance with NCAA bylaws and rules related to sponsorships and non-University compensation.

***Public Health Service (PHS)/NIH Funded Research*:** Federally funded research (including PHS/NIH funding) conducted by Clemson employees who contemplate funding from or are funded by the Federal Agency is subject to the federal policy governing that agency's funding and is also subject to the Clemson University Financial Conflict of Interest (FCOI) in Research Policy.(http://media.clemson.edu/research/sponsored-programs/coi/phs-coi-policy.pdf) Any conflict of interest subject to the FCOI Policy shall be reviewed and managed pursuant to the requirements of that policy.

***Conflicts of Interest in Human Subjects Research**:* Conflicts of interest related to research involving human subjects pose special concerns. The University and its researchers have ethical obligations to honor the rights and protect the safety of persons who participate in research conducted at the University. Financial interests held by those conducting the research may compromise the fulfillment of those ethical obligations and the well-being of the research subjects, as well as the integrity of the related research. Accordingly, any person with an unmanaged COI is prohibited from participating in the conduct of such research. In addition, research involving human subjects where there is a financial conflict of interest may only go forward if the design and circumstances of the human subjects research are such that they serve to protect both the human subjects and the objectivity of the data obtained.

***Other Management Actions*:** The process for disclosing and managing conflicts of interest as described in this Policy are the minimum steps which must be taken by an employee. It is possible that a particular situation or activity may call for specific steps beyond those outlined here for proper disclosure and/or management of a conflict.

VII. Implementation of Policy Responsibility

The Executive Vice President for Academic Affairs and Provost is responsible for overseeing of the implementation of this Policy. Day-to-day responsibility for such implementation is delegated through the Vice President for Research to the Conflict of Interest Office.

The Conflict of Interest Office will coordinate with the Conflict of Interest Committee (COIC) to manage policy issues and maintain relevant records.

Appendix A

DEFINITIONS

"Conflict of interest" occurs when an employee or immediate family member has a personal interest in or receives a personal financial, economic, professional or personal gain or advantage of any kind from the employee's position in a manner that may inappropriately influence the employee's judgment, compromise the employee's ability to carry out Clemson institutional responsibilities (the responsibilities of an employee to perform Clemson activities as defined by management or contract) or be a detriment to Clemson's integrity.

It is important to note that a conflict of interest is ***not*** to be confused with a violation of this policy. Identification of a conflict of interest is the initial step in a process of the employee and the University determining whether or not the conflict is inconsequential, may be managed, or may require the employee to forego certain activities. A conflict of interest exists when an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A conflict of interest depends on the situation, and not on the character or actions of the individual.

"Conflict of commitment" is a term that may also apply to outside professional and business activities that result in a conflict of interest subject to this policy. Generally, employees are prohibited from engaging in employment for pay during the same time period that the individual is being paid for services as a public employee. Approvals and Management Plans provided for under this policy do not relieve the employee of compliance with the principle of conflict of commitment as defined in the Faculty Manual as "Private Outside Employment" (http://www.clemson.edu/faculty-staff/faculty-senate/manuals.html).

"Apparent conflict of interest" arises when an employee is involved in an activity and the circumstances are such that a reasonable person with knowledge of the relevant facts would question the employee's impartiality.

"Financial Conflict of Interest (FCOI)" means a financial interest that could directly and significantly affect the design, conduct or reporting of research. Significant Financial Interests (SFI) amounts are determined by sponsors and should be reviewed individually. For example, PHS and NSF amounts may differ.

"Disclosure" is the full recording or specification of the employee's or the employee's immediate family's relationship with an external organization or involvement in external activities. All University employees are required to complete the disclosure form annually or within 30 days of any change. This form is required annually even in the event of nothing to disclose.

"Immediate family" includes the employee's parents, spouse, siblings, children, stepchildren, and grandchildren or other individual who resides in the same household.

"Management plan" means a written document that outlines specific actions which will be taken or conditions that will be conformed to in order to minimize or eliminate the risk of the perceived or real conflict of interest.

"Institutional Responsibilities" are defined broadly and include but are not limited to teaching, advising, research, scholarly activities, outreach, administrative and institutional committee service, and service to professional associations or on panels such as peer, institutional, or accreditation review boards.

"University" or "Clemson" means Clemson University.

"Personal financial or economic benefit" is defined as anything of monetary value, including gifts valued at more than $50.00, salary, commissions, fees, honoraria, travel and lodging expenses, equity interests (including any ownership stake in a startup company), interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. "Personal financial benefit" does not include:

- compensation or payments received from Clemson;
- payments for participation in seminars, lectures or other educational activities sponsored by and service on advisory or review panels for 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, a professional association or a research institute that is affiliated with an institution of higher education, and reasonable expenses for the same activities as long as acting with the approval of the employee's supervisor;
- food and beverages provided while attending education meetings or conferences, social receptions and events, or business meeting;
- any financial interest arising solely by means of investment in a mutual, pension, or other institutional investment fund over the management and investments of which the employee or an associated immediate family member does not exercise control; and
- investments in any non-publicly traded or publicly traded entities as long as the value of the employee's remuneration in the past 12 months from such investments was less than $5,000.

"Responsible Vice President" shall mean the University Vice President for the conflicted employee's unit; for athletics, this shall be the Athletic Director. In the event a Vice President or the Athletic Director is the conflicted employee, the President, or his designee, shall serve as the approving officer. In the event the President is the conflicted employee, the Chair of the Board of Trustees shall serve as the approving officer.

“Conflict of Interest Committee (“COIC”)” shall mean the committee that reviews Conflict of Interest Management Plans submitted by Departments. The COIC shall also serve as the appeals body for conflict of interest situations that are not able to be resolved at the Departmental or College level. The COIC shall establish its processes and procedures of operation consistent with this policy.

The committee shall comprise the following ex-officio voting members:

1. Chair of the COIC appointed by the President
2. Designee of the Executive Vice President for Academic Affairs & Provost
3. Designee of the Vice President for Finance and Operations
4. Designee of the Vice President for Research
5. Designee of the Vice President for Economic Development
6. Designee of the Vice President for PSA
7. Designee of the Vice President for Student Affairs
8. Designee of the Vice President for Advancement
9. Designee of the President of the Faculty Senate
10. Designee of the President of the Staff Senate
11. Designee of the Athletic Director
12. Designee of the Clemson University Research Foundation

The committee shall also have the following non-voting, ex-officio members:

1. Office of General Counsel representative
2. Human Resources representative

Appendix B

Disclosure and Review/Management Procedures

I. Disclosure Process

When an employee has or thinks s/he may have a conflict of interest (as defined herein), s/he follows the following steps:

1. The employee discloses the possible conflict using the electronic disclosure system which is forwarded to the COI Office.

2. The COI Office will complete an administrative review and, if necessary, forward to the COIC for further review. If the COIC determines a positive COI, then the employee must submit a COI Management Plan.

3. The supervisor works with the employee to create a draft Conflict of Interest Management Plan (in the format as described in Appendix C) with guidance from the COI Office. The draft plan is then forwarded to the appropriate Dean, Division Head or their designee for review and approval.

4. Once the College or Division has reviewed and approved the draft Conflict Of Interest Management Plan, it is then forwarded to the COIC for review and approval. Supervisors are encouraged to provide comments to the COIC to guide their review of the Management Plan.

5. The COIC shall conduct a timely review of all Management Plans that have been submitted at least 14 working days prior to the next scheduled meeting. After review of a Management Plan, the COIC issues an approval or disapproval of the Management Plan to the Responsible Vice President. In the event of disapproval, the COIC shall give the reasons for the disapproval and corrective actions, if any, which could change the decision to an approval. In the event that there is no reasonable way to manage a conflict of interest, then the employee may be prohibited from participating in related Clemson affairs until such a time as the conflict is eliminated.

6. The Responsible Vice President shall review the COIC response, seek additional information or clarification if desired, and implement the proposed Management Plan.

7. The decision of the COIC shall be final and cannot be appealed by the employee to a higher level within the university.

8. When a Management Plan has been implemented it shall be reviewed at least annually by the Responsible Vice President and updated as needed. Any updates to the Management Plan should be sent to the COI Office for review and records

maintenance. The COIC will be notified of any changes and may request further review.

9. Employees shall avoid any involvement with related University activities and decisions until such time as the Conflict of Interest Management Plan has been reviewed and approved.

10. Disclosures shall be kept confidential to the extent permitted by law. However, disclosures can be shared with law enforcement if possible criminal conduct is indicated.

11. Some external sponsors, such as PHS, require the University to provide initial and ongoing reports on an Investigator's FCOI to the sponsor. The University will provide sponsors with FCOI information as required by individual sponsor policy. In addition, external sponsors, such as PHS, obligate the University to make available to the public, upon request, information regarding FCOIs for senior and key personnel. The reporting and ongoing management of FCOIs to external sponsors and the reporting to the public of FCOIs for senior and key personnel will be the responsibility of the COI Office.

12. Supervisors who become aware of undisclosed conflicts of interest subject to this policy should instruct the employee to immediately disclose. Any failure to disclose in a timely fashion should be reported to the COIC.

13. Employees who become aware of any undocumented conflict of interest subject to this policy, not just their own, should report it according to the Clemson University Whistleblower Policy. The policy can be found at http://media.clemson.edu/research/sponsored-programs/whistleblower.pdf .

II. Annual Disclosure

1. On an annual basis, all employees shall complete the electronic Conflict of Interest Disclosure Form, identifying any real or potential conflicts of interest, or providing an attestation that none exist. Disclosures should be updated, modified, or supplemented as needed, between disclosure periods within 30 days of changes.

2. Annual disclosures are submitted by employees electronically to the COI Office for review and maintenance of the records. COI Office forwards notification of all positive disclosures to the COIC for their action and records.

Appendix C

CONFLICT OF INTEREST MANAGEMENT PLAN (SAMPLE)

Instructions

The Conflict of Interest (COI) Management Plan is an instrument through which Clemson University seeks to eliminate, reduce or otherwise manage conflicts of interest or conflicts of commitment. This template is provided to expedite the process of formulating and approving COI Management Plans. Section I should be filled out for each plan. Remaining sections should be filled out ONLY IF THEY APPLY TO YOUR PARTICULAR SITUATION (WHICH YOU SHOULD COVER IN YOUR COI DISCLOSURE FORM.) Otherwise, insert an "N/A" in place of the text for each of the remaining sections. After developing the Management Plan together with your department head, please complete the Certification, attach it as a cover sheet for the COI Management Plan, obtain the approval of the cognizant dean or division head, and submit the Plan to the COI Office at 305C Brackett Hall, Clemson University, Clemson, SC 29634.

I. General Conflict of Interest Involvement

Please provide a general description of the outside interest of the employee or employee's family member. If it involves a company, describe the nature of the business and its relationship to the duties of the employee.

If a technology is involved, include a discussion of the intellectual property on which the company or consulting is based, and describe the disclosure of the technology to Clemson University Research Foundation (CURF) and the licensing arrangements between CURF and the company if it is a university-owned technology.

II. Outside Professional and Commercial Disclosures

Choose one of the following options or develop a management strategy in the "Other" option.

OPTION 1 - _____ will limit consulting or outside employment in accordance with the Faculty Manual, Part X, Section D.

OPTION 2 -_____ will take an unpaid leave of absence to provide the time needed to fulfill his/her duties at the outside interest. This arrangement will be reviewed every ____ months by the department head and dean or division head.

OPTION 3 - (If the conflict is perceived to be causing a delay or inhibition of scholarly publications.) _____will coordinate with his/her department chair and CURF to expeditiously protect intellectual property and allow the timely publication of scholarly research, whether his/hers or students' in the research group.

OPTION 4 - Other

III. Significant Financial Interest in Commercial Firm

Describe a plan under which the employee will either:

1. ***Divest*** *himself/herself of fiduciary responsibilities in the company, or*
2. ***Abstain*** *from any university work related to his/her commercial interest, or*
3. *Have a non-conflicted party manage the financial and day-to-day affairs of the university research*

IV. Textbooks and Course Material

Describe a plan that will protect the interests of students in the event that faculty or staff who determines which course materials including textbooks are required for a Clemson course may personally benefit from course materials including textbook sales in excess of $500 annually. For example, oversight of text selection by a curriculum committee, return of royalty proceeds to students, or direction of proceeds to a fund that is not in your control (such as a scholarship fund, etc.).

V. Use of University Facilities or Personnel in the Performance of Outside Consulting

OPTION 1 - At this time there are no plans to involve other University personnel (students, postdoctoral employees, faculty or staff) in this project. However, in order to avoid any potential conflict, the following process will be used:

Describe in general how the research will be accomplished using outside facilities and personnel, and the procedure that will be used to set up and monitor use of University resources if changes need to be made during the project requiring the use of University facilities or personnel.

OPTION 2 - University facilities will be used on this project. A copy of the appropriate use agreement is attached to this Plan, specifying a) the facilities or other assets of the University to be used in the project, b) arrangements for fair market remuneration for specified uses and c) appointing an approved project manager or committee within the University to have oversight of the facility usage.

OPTION 3 - Other

VI. Interest in an Organization Funding University Research

Describe a plan under which the employee will either:

1. ***Divest*** *himself/herself of responsibilities to the company for acceptance of University Research results, or*
2. ***Abstain*** *from design, conduct or reporting of university research work related to his/her consulting responsibilities, or*
3. *Have a non-conflicted party or committee manage the financial and day-to-day affairs of the university research.*

VII. Gifts

OPTION 1 -_____ will not accept gifts valued cumulatively at over $50 per year from a company in which he/she has a significant financial interest, for whom he/she performs consulting, or whose business is directly related to his/her research interests.

OPTION 2 - The acceptance of gifts shall be supervised by the cognizant dean, division head or department head, and shall be managed (if in the form of cash) in development accounts at the discretion of that dean, division head or department head.

OPTION 3 - Other

Note: No remuneration should be received as a gift if it would establish *a quid pro quo* relationship between the donor and the University or the recipient. Such relationships should always be memorialized in a research contract.

VIII. Research Supervision

The following University personnel will be employed on this project:

Individual:	Job Title:	Company Supervision by:	University Supervision by:
_____	_____	_____	_____
_____	_____	_____	_____

The listed employees shall receive instructions from their department heads apprizing them of the faculty member's relationship to the company, and of the student or staff member's right to inform the department head if he/she feels the situation is adversely affecting his/her academic progress or employment status.

Note: In no case should a Clemson student be supervised at both the company and the University by an individual with a COI.

Describe a plan that will provide adequate separation between outside work assignments and University responsibilities for University employees and students.

IX. PI Responsibilities for Non-Clemson Project Staff

Describe a plan under which non -faculty staff or Non-Clemson employees that design, conduct or report research work on a University project will comply with Clemson's Conflict of Interest Policy. Attach a secondary plan if necessary.

X. Approval and Revisions

Approved by Administrative Council: January 5, 2015
Submitted to Board of Trustees: February 6, 2015

Effective Date: January 1, 2016

POLICY ON ANTI-NEPOTISM IN SPONSORED ACTIVITY

Policy Number: 1.0.4.1 **Version Number:** 001
Classification: Conduct of Research **Effective Date:** March 8, 2019
Responsible University Office: Conflict of Interest in Research Office

1.0 Purpose

To ensure objectivity and integrity in the conduct of research, Clemson University employees are obligated to make decisions that are in the best interest of the institution, free from any conflict that might place personal interests ahead of the public interest. The University recognizes that family relationships may create, or be perceived as creating, a conflict of interest that undermines objectivity or creates or appears to create favoritism. The purpose of this policy is to define what situations constitute nepotism in sponsored activity and set forth procedures to identify these instances and eliminate, manage or mitigate their occurrence.

2.0 Applicability

This policy applies to all faculty, staff and students submitting applications for externally sponsored support.

3.0 Government Rules and Regulations

The S.C. Ethics Act contains certain prohibitions against nepotism and restrictions on Dual Career Employment (see Clemson University Guidance "Conflicts of Interest in Human Resources" SC Code Title 8, Chapter 13: http://www.scstatehouse.gov/code/title8.php and Clemson University Conflict of Interest Policy: https://www.clemson.edu/conflict-of-interest/coi-policy.html

SECTION 8-13-750. Employment, promotion, advancement, or discipline of family member of public official, member, or employee.

(A) No public official, public member, or public employee may cause the employment, appointment, promotion, transfer, or advancement of a family member to a state or local office or position in which the public official, public member or public employee supervises or manages.

(B) A public official, public member, or public employee may not participate in an action relating to the discipline of the public official's, public member's, or public employee's family member.

4.0 Definitions

Anti-Nepotism – Measures taken to avoid patronage bestowed or favoritism shown on the basis of family relationship, as in business and politics:

Family Member - An individual who is: (a) the spouse, parent, brother, sister, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, or grandchild; (b) a member of the individual's immediate family.

Immediate Family - (a) A child residing in a candidate's, public official's, public member's, or public employee's household; (b) a spouse of a candidate, public official, public member, or public employee; or (c) an individual claimed by the candidate, public official, public member, or public employee or the candidate's, public official's, public member's, or public employee's spouse as a dependent for income tax purposes.

Project Team – Includes co-investigators, technicians, collaborators, subrecipients, students or other individuals for which the principal investigator controls compensation, evaluation, or other matters affecting terms and conditions of employment.

Public Employee - A person employed by the State, a county, a municipality, or a political subdivision thereof.

South Carolina Ethics Act - Ethics Reform Act of 1991 to restore public trust in government.

5.0 Policy

It is the policy of Clemson University that the basic criteria for inclusion as a project team member in a sponsored proposal/award shall be appropriate qualifications and performance. To ensure compliance with the State of South Carolina Ethics Act, Clemson University requires all principal investigators to disclose at time of proposal submission any family members who are included on the project team as co-investigators, technicians, students, collaborators or subrecipients. If awarded, the principal investigator will 1) eliminate the conflict, or 2) complete a management plan approved by the Clemson University Conflict of Interest in Research Committee to manage/mitigate the conflict. Any decisions regarding compensation, evaluation, or other matters affecting terms and conditions of employment should be reassigned to an administrator or a different faculty member.

6.0 Responsibilities

Associate Dean for Research – Affirm that the disclosed family member represents appropriate qualifications for the project role. Upon award notification or per sponsor requirements, assist with the development of a management plan when a conflict is identified.

Conflict of Interest in Research Program Director – The Conflict of Interest Office (COI) will confirm that the familial relationship has been documented appropriately through the conflict of

interest disclosure process. Additionally, the COI Office will work with the employee to create a management plan that will serve as a guideline for the employee(s) who are affected by the disclosed relationship.

Department Chair – Affirm that the disclosed family member represents appropriate qualifications for the project role. Upon award notification or per sponsor requirements, assist with the development of a management plan when a conflict is identified.

Grants and Contracts Administration – Verify changes in personnel submitted for sponsor approval that a conflict does not exist, or if present, the conflict has been properly managed.

OSP Support Centers – Ensure disclosure question is completed at time of submission. At award receipt, notify Conflict of Interest Office of InfoEd records with a positive disclosure.

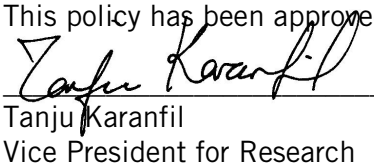
Principal Investigator – Annually disclose conflicts of interest as required by the Clemson University Conflict of Interest Policy. At time of InfoEd record creation, disclose whether any member of the project team is a family member. If required by sponsor at time of submission, include a statement in the proposal disclosing the family relationship and how the conflict will be managed. Assist the Conflict of Interest in Research Program Manager to eliminate, mitigate and/or manage identified conflicts within sixty (60) days of award notification or per timeline specified by sponsor.

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to 1) deny submission of applications when the disclosure is in question or in error, 2) withdraw applications when the disclosure is proven an intentional error after submission, 3) refuse to accept an award if disclosure was made in intentional error.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil
Vice President for Research

March 7, 2019
Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION

Division of RESEARCH

POLICY ON CATALYST AWARD PROGRAM*

Policy Number: 1.0.5
Classification: Catalyst Program
Responsible University Office: VPR Business Affairs

Version Number: 001
Effective Date: August 15, 2017

1.0 Purpose

Clemson University encourages faculty to develop collaborations with key stakeholders who have an interest in supporting a line of research. Stakeholders frequently wish to provide start-up or maintenance support to advance a line of inquiry, but require no set deliverables nor consider the funding as philanthropic support. The purpose of this policy is to define the process for determining the appropriate treatment of funds received in this manner.

2.0 Applicability

This policy applies to all faculty and staff at Clemson University, eligible to serve as Principal Investigator, pursuant to the Assignment of Principal Investigator Policy.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Catalyst Award – Funds received from a non-governmental entity or individual in amounts of $20,000 or less with no terms and conditions attached to their use.

Gift – Funds provided with clear donative intent that are irrevocable and do not include any specific deliverables or project performance period.

Stakeholder – Non-governmental entity or individual who provides funding not to exceed $20,000 annually to support a line of research, with no terms and conditions specified for their use.

Sponsored Project – Funds provided for the performance of a specific, identified scope of work, project performance period and deliverables. Funds are revocable.

*Formerly the Small Restricted Receipt Program

5.0 Policy

The Division of Research reserves the right to determine if private funds ($20,000 or less, per transaction) received by an individual Principal Investigator designated to support an area of research should be categorized as a sponsored project or gift and managed accordingly, or if the funds meet the criteria for the Catalyst Award Program. When funds are received from a non-governmental entity or individual with no additional contractual documentation, the Principal Investigator must follow the instructions in the attached procedure. Funding from governmental sources will be reviewed for eligibility on a case-by-case basis to ensure that there are no flow-down terms and conditions from other jurisdictional entities.

The following restrictions apply:

(a) The total value of each individual award may not exceed $20,000. Incrementally funded awards from the same funding source must not exceed $20,000 per fiscal year (July 1 – June 30).
(b) Funding that requires an official University agreement, intellectual property rights, or specified deliverables or outcomes, including official reports from Principal Investigator or University, are not eligible for consideration as Catalyst Awards and will be directed to the Office of Sponsored Programs for processing.
(c) Funding designated as "gifts" are not eligible as Catalyst Awards and will be directed to the Clemson University Foundation for processing.
(d) Purchase Orders will not be processed as Catalyst Awards.
(e) Funding must not be used to support a current sponsored project between the University and the Funder.
(f) Spending must be consistent with state procurement regulations.

6.0 Responsibilities

Principal Investigator (PI) – Following the attached procedure, notify the Division of Research of receipt of check and accompanying documentation in a timely manner. If no documentation exists, PI must provide a brief statement specifying the purpose of funding. Prior to approval of a Catalyst Award, PI must receive all required approvals by the Office of Research Compliance, including human subjects, animal care and use, biosafety, chemical hazards, radiation safety, controlled substances, technology transfer, conflict of interest and patent disclosures.

Division of Research – Reviews documentation and approves or denies request to designate new or supplemental funding as a Catalyst Award, consistent with the attached procedures. Enters information into InfoEd.

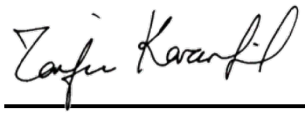
College/Departmental Staff – At the direction of the PI, notifies Division of Research of receipt of check and accompanying documentation or PI statement. Requests new departmental account for deposit of new Catalyst Award funding if approved.

7.0 Sanctions for Non-Compliance

The Division of Research reserves the right to return funding in situations of non-compliance with this policy and/or the associated procedure.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil
Vice President for Research

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION

GIFT/GRANT DETERMINATIONS

Policy Number: 2.0.1 **Version Number:** 001
Classification: Proposal Development and Submission **Effective Date:** February 12, 2013
Responsible University Office: Office of Sponsored Programs

1.0 Purpose

The purpose of this policy is to specify the criteria and process used to determine the appropriate categorization and treatment of philanthropic and sponsored award funding received from external entities.

2.0 Applicability

This policy applies to all Clemson University faculty, staff and students.

3.0 Government Rules and Regulations

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (200.62 – Internal Controls; 200.403 – Consistent Treatment of Like Circumstances)

4.0 Definitions

Contract – Exchange of funds for the performance of a specific scope of work, usually written by the contracting agency. A contract is generally associated with procurement rather than financial assistance.

Cooperative Agreement – Similar to a grant but with more substantial involvement between the grantor and grantee.

Grant – An award of financial assistance to allow for the performance of certain work envisioned by the university or principal investigator.

Gift – Cash or property received for the purpose of enhancing the public good without expectation of specific benefit to the donor. Contributions that are generally irrevocable, used for broad purposes and normally do not have time limits.

Sponsored Project – Exchange transaction, generally in the form of a grant, cooperative agreement or contract with a defined scope of work, line item budget, specified deliverables,

subject to audit and compliance requirements; unexpended funds must be returned. Usually initiated by funding agency through a program announcement or other type of solicitation. All sponsored projects are routed for review and approval through the Office of Sponsored Programs and managed financially by Grants and Contracts Administration.

5.0 Policy

All funds received by the University as restricted or unrestricted gifts are administratively assignable to the Development Office for proper handling. Some corporate or private foundations use the terms "gift" and "grant" interchangeably. Often the sponsor will have written policies/conditions that are either accepted by the University through the application process itself, or upon award, that will cause the Office of Sponsored Programs to classify the transaction as a sponsored award and expect the proposal routing to occur through standard approval procedure channels.

These conditions/policies include the following:

- Quid Pro Quo – the sponsor obtains intellectual property rights; requires review of publications and/or submission of technical reports; reserves prior approval authority for specified actions
- Indirect costs are provided by foundation policy
- Unexpended funds must be returned to the sponsor;
- A specific time-frame is stated for use of the funds; or
- Application responds to sponsor's solicitation

For funds to be classified as a gift, all four of the following conditions must be met:

- There is no exchange of mutual consideration
- The funds are irrevocable;
- The provider expresses, or clearly implies a donative intent; and
- Acceptance does not require the University to change the magnitude or direction of its current efforts.

When the above clarifications are inadequate to determine the proper classification of funds, the Director of the Office of Sponsored Programs (or designee) and the Director of Corporate, Foundation and Governmental Relations (or designee) will assist in providing guidance. These clarifications are not intended to hinder our faculty's pursuit of external program support, but to ensure proper review and administration of those activities.

6.0 Responsibilities

Principal Investigators – Consult with College OSP Support Center and/or the Office of Sponsored Programs on the appropriate classification of funds when necessary

College OSP Support Centers – Direct questions concerning appropriate treatment of funds to the Office of Sponsored Programs

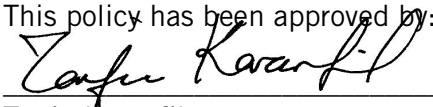
Development Office and Office of Sponsored Programs – Apply the criteria above to determine fund classifications when necessary and administer accordingly.

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to reject or return funding received by unapproved individuals, and proceed with appropriate personnel actions as necessary.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil — July 1, 2018

Tanju Karanfil
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
February 12, 2013		
July 1, 2018	1	Clarification of language and reformat of policy; policy number modification

INTERNAL SUBMISSION POLICY FOR APPLICATIONS TO EXTERNAL SPONSORS

Policy Number: 2.0.2 **Version Number:** 002
Classification: Proposal Development and Submission **Effective Date:** July 1, 2013
Responsible University Office: Office of Sponsored Programs

1.0 Purpose

In pursuit of its academic mission, Clemson University solicits and accepts funds from extramural sponsors, both federal and non-federal, for the conduct of research, instruction, and public service projects. All proposals for such sponsored projects are submitted in the name of and by Clemson University, and all resulting awards are likewise accepted or executed in the name of and by Clemson University. As a designated Carnegie Classified R1: Highest Research Activity, it is important that Clemson establish and enforce policies and procedures to support excellence at that level.

In order to ensure that Clemson University prepares and submits competitive applications that fulfill the administrative requirements of sponsors and represents the highest quality of Clemson University, it is necessary for Office of Sponsored Programs (OSP) to review every application for conformity to sponsor guidelines, institutional policies, budget accuracy and allowability, acceptable contractual language, and that appropriate internal approvals have been secured. External sponsors are increasingly strict about submission deadlines and application accuracy. Electronic submission systems have built-in business rules that reject applications that are incorrect, incomplete, or formatted incorrectly, making careful and accurate entry of applications increasingly important. It is critical that OSP staff have sufficient time to ensure that the applications are submitted correctly. Compliance with the deadlines stated in this policy will enable OSP to best serve Clemson University faculty by ensuring adequate time to review, revise and process applications.

2.0 Applicability

This policy applies to all Clemson University personnel submitting applications for sponsored projects. The Principal Investigator(s) (PI) (Assignment of PI Policy – 1.0.1) on a grant application is ultimately responsible for adhering to the policy.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Application: Includes all required business elements as specified in the sponsor guidelines, to include proposal abstract, narrative, budget, budget justification, cost-share commitments, identification of required resources, biosketches, subcontractor supporting documents, conflict-of-interest disclosures as applicable to sponsor and any other sponsor requirements.

Business Day: Weekday that Clemson University is open for business. Excludes weekends and University holidays. Includes business hours from 8 a.m. – 4:30 p.m. Proposals must be received by OSP in time to submit the proposal by close of business on the due date, even when the sponsor deadline is later than 4:30 p.m. The same deadlines apply regardless of whether OSP or the research team submits the proposal to the sponsor.

Complete Form: All major business elements of the application are finalized, to include budget, budget justification, senior/key personnel, cost-share commitments, subrecipient documentation and any other commitments by the University or collaborators. Only immaterial grammar or stylistic editorial revisions to the narrative (e.g. project description, abstract, references) are allowed during the final electronic routing process.

Office of Sponsored Programs (OSP): All pre-award staff employed by OSP in the Division of Research, and pre-award staff employed by a college with authorization to prepare and submit applications on behalf of Clemson University.

Ready-to-Submit: Complete application in final format that is in compliance and ready for submission to the sponsor.

Timely: Determined by individual OSP Support Centers.

5.0 Policy

Effective July 1, 2013 all applications seeking support from sponsors external to Clemson University must be in "Ready to Submit" (see Section 4.0 – Definitions) format and have received the preliminary approval of the applicable OSP Support Center to electronically route for approval by chairs and associate deans for research *a minimum of two business days in advance of the immediate sponsor deadline*, in order for OSP to guarantee on-time submission. Exceptions: multi-college or multi-institutional applications must be in at least "Complete" format (see Section 4.0 - Definitions) during the final routing

process. Applications that involve more than one department, school, or college must receive the approvals of the chair and associate dean for research of that unit. It is recommended that adequate time be factored in if this is applicable.

Investigators are advised to allow for additional time when the following circumstances also apply:

College has internal deadline
Project is inter-institutional
Project establishes a center or institute
Cost-sharing is involved
Project involves foreign collaborators
Waiver of all or partial Facilities & Administrative Costs
Times of large volume of submissions (e.g. standard receipt dates for NIH; recurring NSF deadlines)
Solicitation requires review and approval of Terms & Conditions at time of submission

Exceptions and waivers to this rule will be made only for 1) official university closure, 2) PI or Co-PI serious illness, injury or death of a key personnel, or 3) sponsor documentation that notification of the funding opportunity was made less than two (2) weeks prior to the deadline. Any application received by OSP under an approved waiver will be submitted to the sponsor; however, for those applications requiring submission via Grants.gov or other sponsor electronic submission system, OSP cannot ensure that the application will be transmitted error-free and in time to meet the sponsor's deadline.

OSP staff will do everything possible to get the proposal to the sponsor on time. However, as the amount of time for processing is reduced, the chance for insurmountable obstacles increases. Certain parts of the review process are external to OSP and therefore, are subject to the schedules of other offices. When there is sufficient lead time, OSP staff can compensate for these situations. Therefore, faculty should make every effort to provide the maximum time possible for OSP to process and adequately review their proposals.

6.0 Responsibilities

Office of Sponsored Programs:

- Assistance with proposal preparation prior to submission
- Timely pre-review of applications routed via InfoEd before submission to the sponsor
- Assurance that application materials comply with sponsor and institutional policies and guidelines
- Submission and/or final institutional sign-off of applications through InfoEd
- Receipt, and review and approval of waiver requests

- Receipt, and, review and approval of cost-share requests
- Preparation and distribution of periodic reports sent to the Chair, Dean and Associate Dean for Research reflecting proposal submission data to assist with departmental/college compliance.

Principal Investigator:

- Timely provision of all business elements of the application
- Technical and budgetary design of project
- Preparation of applications in accordance with application policies, regulations, and sponsor guidelines
- Preliminary discussion on any cost-share requirements with units expected to cover the cost-share commitments
- Acknowledgement for full responsibility of the scientific, programmatic and financial management of the project
- Timely correction of all required revisions prior to submission deadline

Department Chairs and Deans/Associate Deans for Research

- Review and confirm that commitments of faculty and staff effort, and the possible effects of such commitments on the teaching and other obligations of the personnel involved are approved
- Review and approval for equipment, special facilities, space, and other administrative arrangements are realistically estimated and properly stated
- Review and approval of cost-share
- Review and approval of proposed postdoctoral salaries consistent with University policy

Departmental and College approvals constitute an endorsement of all aspects of the proposal.

7.0 Sanctions for Non-Compliance

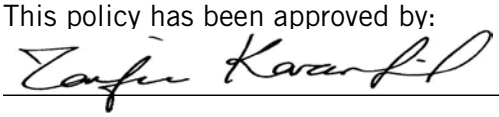
The University may choose not to honor obligations undertaken by faculty or others which have not been properly authorized.

The University reserves the right to refuse to submit the proposal or to withdraw the proposal after submission if a later review of the proposal identifies a deviation from policy or procedure.

If, at the time of submission, OSP does not have sufficient information to assure compliance with any required representations or certifications, OSP reserves the right not to sign the certification documentation regardless of proposal deadlines.

8.0 Approval Signatures

This policy has been approved by:



July 1, 2018

Tanju Karanfil — DATE
Vice President for Research

REVISION HISTORY		
EFFECTIVE DATE	**REVISION NUMBER**	**MODIFICATION**
July 1, 2013		
June 2018	002	Addition of "Complete" to Sections 4.0 and 5.0;addition of OSP to Section 4.0; addition of postdoctoral salaries to Dept/ADR responsibilities in Section 6.0; Change in Signature to Section 8.0; general updates for clarity.

Division of RESEARCH

POLICY ON DEBARMENT AND SUSPENSION IN SPONSORED PROGRAM ACTIVITY

Policy Number: 2.0.3 **Version Number:** 001
Classification: Proposal Development and Submission **Effective Date:** July 1, 2016
Responsible University Office: Vice President for Research

1.0 Purpose

Debarment and suspension are actions taken by the federal government against organizations or individuals who have committed fraud or a criminal offense in violation of federal law. Clemson University must certify that employees who have been suspended, debarred or charged with criminal activity will not be allowed to apply for or administer federal funds on behalf of the University.

2.0 Applicability

This policy applies to all principals of Clemson University, senior administrative staff and employees of Clemson University who apply for or are paid with federal funds.

3.0 Government Rules and Regulations

Executive Order 12549 and FAR 521.209-5

This executive order called for the creation of a government wide debarment and suspension system in connection with all transactions with federal agencies. The regulations require that Clemson University (which is the formal applicant for grant and contract funds from the federal government) certify that neither the University or the University's officers nor researchers:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (defined as being eligible to receive federal funds) by any federal department or agency.
2. Have, within a 3-year period preceding an application for funding, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Are presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in (2) above.

4. Have, within a 3-year period preceding this application, had one or more public transactions (federal, state, or local) terminated for cause or default.

4.0 Definitions

Debarment – An exclusion from government contracting and subcontracting for a reasonable, specified period of time because an individual or vendor failed to perform or their performance was inadequate.

Suspension – A disqualification from government contracting and subcontracting for a temporary period of time because a company or individual is suspected of engaging in criminal, fraudulent or seriously improper conduct. Suspension is to be used on an interim basis pending debarment proceedings.

All individuals and entities suspended or debarred are listed on the U.S. General Services Administration (GSA) Excluded parties Listing System (EPLS). The search can be performed at www.sam.gov.

5.0 Policy

Each time the University submits a proposal to the federal government, the Authorized Organizational Representative (AOR) is required to complete a certification stating the prospective primary participant and its principals are not debarred or suspended or proposed for debarment or suspension. Principal investigators must truthfully respond to questions 1-4 in section 3.0 above as part of their electronic proposal submission questionnaire.

Any individual who meets any of the conditions in 1-4 above must immediately notify the Office of Sponsored Programs and are precluded from receiving federally funded grant or contract awards or from being paid with federal funds.

6.0 Responsibilities

CU Principals/Senior Administrators – Certify annually that they have not been debarred or suspended.

Principal Investigators – Certify at time of proposal submission that they have not been debarred or suspended. Notify the Director of the Office of Sponsored Programs of any change in their status during the application process and ensuing project period. Agree that no employee will be hired to work on their grant until they have been checked against the Excluded Parties Listing System.

Employees on Sponsored Project Awards – Notify the Principal Investigator if they meet any of the conditions in Section 3.0, 1-4.

OSP Support Centers – Ensure that principal investigators respond to the debarment and suspension questions in the electronic proposal submission routing questionnaire at time of submission. At time of award, verify all grant employees included in the budget are not listed on the Excluded Parties Listing System.

7.0 Sanctions for Non-Compliance

CU employees who do not truthfully answer the debarment and suspension questions, fail to report a debarment or suspension action while managing federal funds, or hire a debarred or suspended employee may be prevented from participating in future sponsored research activities. Debarred or Suspended employees will be removed from any existing sponsored project awards.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Vice President for Research

July 1, 2018
Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2018	01	Policy Reformat

Division of RESEARCH

COST SHARE POLICY

Policy Number: 2.0.4.1
Classification: Proposal Development and Submission
Responsible University Office: Vice President for Research

Version Number: 006
Effective Date: July 2, 2002

1.0 Purpose

The purpose of this administrative policy is to define 1) mandatory and voluntary cost-share, 2) required approvals, and 3) the Vice President for Research's commitment to cost sharing.

2.0 Applicability

This policy applies to all externally funded proposals that are submitted by Clemson University faculty and staff.

3.0 Government Rules and Regulations

2 CFR Part 200.306 Cost sharing or matching

Only mandatory cost sharing or cost sharing specifically committed in the project budget must be included in the organized research base for computing the indirect (F&A) cost rate or reflected in any allocation of indirect costs.

In order for the cost sharing to be included in the organized research base, the cost sharing expenditures must be documented in Clemson University's financial system (General Ledger) and identified as cost sharing for a specific purpose/project.

4.0 Definitions

Cost-Share: The portion of total project costs that are covered by Clemson University, to include all direct costs and any unrecovered Facilities and Administrative costs.

Mandatory Cost-Share: Cost-share that is required by the sponsor and specified in the official application guidelines.

Voluntary Cost-Share: Cost-share that is not required by the sponsor. Clemson University discourages voluntary cost-sharing. When cost-sharing is voluntary, departments may not use faculty release time.

5.0 Policy

The Vice President for Research must approve **all** requests that commit institutional resources.

One-Third/One-Third/One-Third:

The Vice President for Research will provide a maximum one-third of the **mandatory** cost sharing funds from the Research Investment/Incentive Fund when the appropriate department and college and/or center have documented their two-thirds cost sharing commitment. Requests of $50,000 or more in VPR cash cost-share must be approved by the VPR no later than twenty-four (24) business hours prior to the application deadline. When allowed by the sponsor every effort should be made to provide **mandatory** cost share from other internal contribution resources in accordance with 2 CFR 200.306 when allowed by the sponsor.

When cost-sharing is **mandatory**, departments may use faculty release time; colleges must contribute only those direct cost categories of funds that invest in long-term infrastructure enhancement, such as equipment.

Multi-Year Projects:

The Office of the Vice President for Research will provide funds to cover cost sharing commitments of $50,000 or less in the first year of the project/grant. Cost sharing commitments greater than $50,000 will be provided in the fiscal year specified in the proposal/agreement.

6.0 Responsibilities

Sponsored Programs Support Centers: Prepare the Cost-Share eForm in the electronic proposal submission system, including a strong justification for the cost-share and identification of which budget categories will provide the cost-share. Submit for routing in a timely manner to department chair, Associate Dean for Research and Vice President for Research.

Associate Deans for Research: Review in a timely manner the Cost-Share Request and determine if the cost-share is adequately justified.

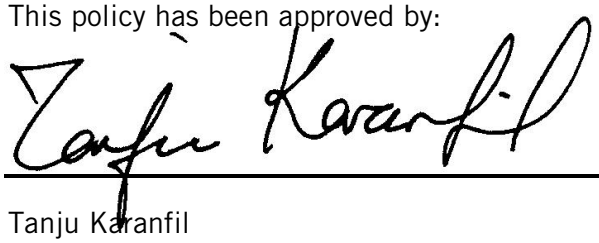
Grants and Contracts Administration (GCA): GCA fiscal managers will set up separate companion cost sharing projects for costs that will be documented in the Clemson University General Ledger. GCA will document and report mandatory cost sharing to the sponsor. Voluntary cost sharing will be documented but will not be reported to the sponsor.

7.0 Sanctions for Non-Compliance

If unapproved cost-share is proposed, Clemson University reserves the right to reject any subsequent award that is made, and may consider the principal investigator ineligible to participate in future externally sponsored projects.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil
Vice President for Research

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2002		
January 24, 2011		
October 18, 2011		
January 28, 2013		
September 1, 2015	06	Added 24 hour approval notice for VPR cash cost-share requests of $50,000 or greater
July 1, 2018	07	Policy Reformat

Division of RESEARCH

INSTITUTIONAL BASE SALARY POLICY

Policy Number: 2.0.4.2 **Version Number:** 001
Classification: Proposal Development and Submission **Effective Date:** July 1, 2016
Responsible University Office: Vice President for Research

1.0 Background

The federal government requires recipients of federal funding to establish institutional standards that document the budgeting and expensing of compensation for personal services to federally sponsored projects. These federal requirements (specifically, those in the Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements[1], 2 CFR 200.430) shall be consistently applied to all sponsored programs at Clemson University.

Financial penalties, expenditure disallowances, and harm to the University's reputation could result from the failure to accurately propose, charge, and/ or document salaries to sponsored projects.

2.0 Purpose

The purpose of this policy is to establish Clemson University's definition of Institutional Base Salary (IBS), the basis for calculating compensation costs, and to facilitate compliance with the requirements of OMB Uniform Guidance 200.430 (h)(2), which states:

"Charges for work performed on Federal awards by faculty members during the academic year are allowable at the IBS rate… in no event will charges to Federal awards, irrespective of the basis of computation, exceed the proportionate share of the IBS for that period. This principle applies to all members of faculty at an institution. IBS is defined as the annual compensation paid by an [institution] for an individual's appointment, whether that individual's time is spent on research, instruction,

[1]Hereafter referred to as "Uniform Guidance".

administration, or other activities. IBS excludes any income that an individual earns outside of duties performed for the [institution]. Unless there is prior approval by the Federal awarding agency, charges of a faculty member's salary to a Federal award must not exceed the proportionate share of the IBS for the period during which the faculty member worked on the award."

3.0 Policy

It is the policy of Clemson University that salary charges to sponsored programs (Fund 20) or capacity funds (Funds 11 and 17) are based on the Institutional Base Salary (IBS) and, where applicable, any salary caps or other limitations imposed by external sponsors. Institutional Base Salary may not be increased as a result of replacing University salary funds with sponsored projects funds.

Charges for work performed on sponsored agreements will be based on the individual's IBS rate. In no event will charges to sponsored agreements, irrespective of the basis of computation, exceed the proportionate share of the base salary for that period.

Institutional Base Salary (IBS) is defined as the annual compensation paid by Clemson University for the duties associated with an individual's appointment(s) or position, whether that individual's time is spent on research, teaching, administration or service, and whether the individual is appointed full or part-time. IBS does not include summer salary for 9 month faculty, payment for work above and beyond the normal workload of the individual's appointment(s) (e.g. temporary supplements for incidental work, dual employment, and overload pay), one-time payments such as bonuses and awards, and payments for duties performed external to Clemson University. In general, the following types of pay are included or excluded from IBS as outlined below:

Included	Excluded
Regular (annual base) salary Administrative Supplements Endowed Supplements	Temporary Supplements (Incidental work) Summer Salary Dual Employment Overload Pay Bonuses and Awards Salary paid from other organizations Outside consulting

The initial IBS is derived from the offer letter signed by the employee at the time of employment. Changes to IBS due to changes in appointment or workload are maintained within department and/or college records.

Full workload and IBS

Maximum effort relates to an employee's full workload, which includes activities such as research, teaching, administration, or service. The cumulative effort of these activities shall constitute the employee's 100% effort regardless of the time required to accomplish those activities.

Supplemental Compensation and IBS

Supplemental compensation is pay for activities performed in excess of the responsibilities of an individual's primary position or appointment. Where a supplement is deemed to be recurring (last more than one year), or indefinite, and is aligned with the employee's appointment, it should be **included** in IBS. For example, an individual receiving an administrative supplement for serving as a department chair or director, including when such appointment is in an interim capacity. Where a supplement is deemed to be for incidental work, non-recurring (less than a year) and not part of an employee's primary appointment, it should be **excluded** from IBS (e.g.,. an individual filling a vacant staff position within a home department). Dual employment, overload pay and summer salary are additional forms of supplemental compensation at Clemson and should also be **excluded** from IBS.

4.0 Definitions

Administrative Supplements: Additional compensation paid to a faculty member for an administrative appointment, above and beyond the faculty member's primary appointment. An example would be serving as department chair or director, including serving in an interim capacity.

Base Pay – Fixed compensation given in exchange for performing determined job responsibilities. Per South Carolina state regulations, Base Pay is the rate of pay approved for an employee in his/her position exclusive of any additional pay, such as supplements, bonuses, longevity pay, temporary salary adjustments, shift differential pay, on-call pay, call back pay, special assignment pay or market or geographic differential pay.

Bonuses and Awards: Payments made on a one-time basis and not guaranteed as part of an individuals' annual compensation

Dual Employment: Temporary, part-time employment outside of an employee's normal job duties with the same or another agency as accepted by an employee in a FTE position. Dual employment must constitute independent, additional duties over and above those of the employee's primary FTE position. Dual employment is not expected to exceed one year and is generally across department lines.

Endowed Supplements: Additional compensation paid to a faculty member for

an endowed appointment, above and beyond the faculty member's primary appointment. An example would be serving as an endowed chair or professorship.

FTE: Full-time equivalent.

Full Workload: The total activity for which the individual is compensated by the University, regardless of the number of hours expended on those activities. Full workload includes instruction, research, service and administration (including appointments as dean or chair).

Incidental Work: That in excess of normal for the individual for which supplemental compensation is paid by the University under institutional policy (see temporary supplements).

Institutional Base Salary (IBS): The annual compensation paid by Clemson University for the duties associated with an individual's appointment(s), whether that individual's time is spent on research, teaching, administration or service, and whether the individual is appointed full or part-time.

Outside Consulting: Payments for consulting services external to Clemson University. Not considered in IBS. Not part of Summer Salary.

Overload Pay: Compensation for additional teaching responsibilities that significantly surpasses the 12 credit hour equivalent during a semester. Overload is paid via the Dual Employment process. Not part of Summer Salary. Capped at 30% of base year salary.

Proportionate Share: The share of Institutional Base Salary that corresponds to the proportion of total effort expended on the sponsored agreement. For example, if an individual's regular salary for an annual period is $100,000 and they spend 25 percent of total effort during the period on the sponsored agreement, the proportionate share of Institutional Base Salary allocable to the sponsored agreement is $25,000 ($100,000 * 25%)

Summer Salary: Summer salary includes charges for work performed by faculty members with nine-month appointments during the summer session (defined as May 17th through August 14th). Summer salary includes pay for teaching summer school and/or performing research or other types of extra duties, called Summer Pay. Per 200.430 of the Uniform Guidance, charges for teaching activities performed by faculty members on Federal awards during periods not included in the IBS period will be based on the normal written policy of the institution of higher education governing compensation to faculty members for teaching assignments during such periods (Clemson University Faculty Manual). Additionally, the

Uniform guidance also defines charges for work performed by faculty members on Federal awards during periods not included in the base salary period will be at a rate not in excess of the IBS. A full workload in the summer is 33 1/3% of the 9-month institutional base salary. IBS cannot be annualized. The Summer Salary cap applies only to wages paid by Clemson University for summer activities and does not include overload pay, which is only available during the academic year, nor outside consulting, which is not paid by Clemson University.

Temporary Supplements: Additional compensation paid to an individual for duties above and beyond the individual's primary job requirements. Temporary supplements are non-recurring and expected to last less than a year. An example would be filling a vacant staff position within a home department.

"100% Effort": The activities associated with an individual's appointment at Clemson. This is not based on a set number of hours per week and may vary from individual to individual. Also, for individuals with less than full-time appointments, effort still should total 100%.

5.0 Roles and Responsibilities

Department Chairs/Directors and Deans
Define appointment terms and determine compensation and activities associated with the faculty member's full workload.

Office of Sponsored Programs Support Centers
Ensure that all requests for salary support in sponsored projects proposals are based on the individual's correct IBS in relation to the proposed effort. Retain supporting documentation related to salary and effort distributions.

Office of Sponsored Programs
Provide additional assistance with determining IBS and effort as appropriate for proposals and charges to sponsored programs. Provide training to PIs and other individuals to ensure understanding of IBS.

Office of Grants and Contracts Administration
Ensures that the effort reporting process is including the proper elements for certifying IBS.

College Post-Award Offices
Ensures that the correct salary distribution is used when setting payroll for a project and the institutional base salary is not exceeded.

College Business Officers
Ensures accuracy and appropriateness of pay and proper chartfields and amounts.

Office of Human Resources
Responsible for maintaining employee data used in determining components of IBS in the Human Resources Information System (HRIS), and maintaining records to support salary adjustments and supplements.

Payroll Office
Responsible for processing compensation using correct earnings and salary account codes.

6.0 Signature Approvals

This policy has been approved by:

Tanju Karanfil
Vice President for Research

Revision History

EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2018	01	Policy Reformat

Division of RESEARCH

POLICY ON WAIVER OF FACILITIES AND ADMINISTRATIVE COSTS FOR SPONSORED PROJECTS FUNDED BY GREENVILLE HEALTH SYSTEM (GHS)

Policy Number: 2.0.4.3
Version Number: 001
Classification: Proposal Development and Submission
Effective Date: November 15, 2013
Responsible University Office: Vice President for Research

1.0 Purpose

This policy stipulates conditions under which Facilities and Administrative Costs may be waived for Clemson University sponsored projects funded by the Greenville Health System.

2.0 Applicability

This policy applies to all Clemson University faculty and staff.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Facilities and Administrative Costs (F&A): A federally-negotiated rate assigned by a cognizant federal agency to cover all costs associated with the conduct f sponsored activity that is unallocable to a specific project. "Facilities" is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements and operations and maintenance expenses. "Administration" is defined as general administration and general expenses. F&A is sometimes referred to as "indirect costs" and "overhead."

5.0 Policy

Pursuant to the Clemson University Policy on the Waiver or Reduction in Facilities and Administrative (F&A) Rate signed on February 12, 2013, Clemson University will waive all F&A charges on grants and/or contracts with the Greenville Health System (GHS) when GHS is the originating sponsor of a research project. The purpose of this waiver is to facilitate and grow the collaborative research relationship between the Greenville Health System and Clemson University

as well as Clemson University's role as the primary research partner of the Greenville Health System.

This waiver does not apply when GHS is applying for funding from a third party external sponsor and Clemson University will fulfill the role of subrecipient. In these circumstances, Clemson University's full, federally-negotiated F&A rate will apply, to the extent allowed by prime sponsor policy. The determination of whether the on-campus rate or off-campus rate applies will follow standard University policy, which uses the threshold of where 50 percent or more of the scope of work will be performed.

6.0 Responsibilities

College Pre-Award Support Centers: Ensure that there is no third-party prime funding involved in the GHS-funded project.

7.0 Sanctions for Non-Compliance

F&A charged in error will be refunded to GHS.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil — July 1, 2018

Tanju Karanfil
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2018	1	Clarification of language and reformat of policy

POLICY ON WAIVER OF REDUCTION IN FACILITIES AND ADMINISTRATIVE RATE IN ALL RESEARCH, INSTRUCTION, AND PUBLIC SERVICE PROPOSALS

Policy Number: 2.0.4.4 **Version Number:** 002
Classification: Proposal Development and Submission **Effective Date:** February 12, 2013
Responsible University Office: Vice President for Research

1.0 Purpose

The purpose of this administrative policy is to establish the guidelines for an allowable waiver or reduction of Facilities and Administrative (F&A) costs. The University has assigned the responsibility to grow sponsored program activities and to increase the effective recovery of F&A costs to the Vice President for Research (VPR). Furthermore, in order to grow research and scholarly activities, the University must maximize the recovery of F&A costs. Request for voluntary waivers of or reductions of F&A costs will be carefully reviewed. The VPR is the delegated approving officer for all requests for waivers of or reduction in F&A rates in all research, instruction, and public service proposals. This delegation *does not* include a waiver of or a reduction in F&A in federally funded instruction and public service proposal when a proposal is in excess of $200,000 or more per year.

2.0 Applicability

This policy applies to all employees submitting a proposal requesting sponsored project funding from any external entity.

3.0 Government Rules and Regulations

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards – 2 CFR 200.414.

4.0 Definitions

Facilities and Administrative Costs (F&A): A federally negotiated rate assigned by a cognizant federal agency to cover all costs associated with the conduct of sponsored activity that is unallocable to a specific project. "Facilities" is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses. "Administration" is defined

as general administration and general expenses. F&A is sometimes referred to as "indirect costs" and "overhead."

5.0 Policy

No voluntary waivers or reductions of F&A costs will be allowed without approval of the Vice President for Research and shall only be approved in exceptional circumstances. Requests for waiver/reduction of F&A on PSA proposals require the approval of the Vice President of Public Service Activities in addition to and prior to the approval of the Vice President for Research.

No waiver/reduction is allowed for federally funded instructional or public service proposals with requested funding in excess of $200,000 per year.

If a Grantor Agency has an established, written policy that calls for an F&A rate lower than the University's negotiated rate, the lower rate will be applied with no penalty. Likewise, if a Grantor Agency has an established policy that disallows F&A costs, no F&A will be applied, and there will be no penalty. The Grantor Agency's policy must be applied equally to all applicants submitting proposals to the agency from any University in the United States. For the purposes of this administrative policy, "Grantor Agency" includes all sponsors other than private industry sponsors. Any voluntary waivers or reductions of F&A costs for proposals submitted to private industry sponsors, either directly or through a pass-through entity, will be allowed only with approval of the Vice President for Research and shall only be approved in exceptional circumstances. This approval must be secured before beginning the preparation of the proposal to the sponsor.

6.0 Responsibilities

Principal Investigator: Seek a waiver of F&A following the established procedure and include a justification for the waiver at time of proposal submission.

College Pre-Award Staff: Ensure that proposals prepared for submission include the allowable F&A rate consistent with this policy. Advise principal investigators on the process for seeking a waiver at time of proposal preparation and submit the request through the InfoEd PD system in advance of proposal submission.

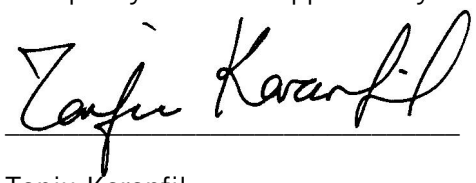
Department Chairs & Associate Dean for Research: Review all faculty requests to VPR for reduction of F&A prior to the request is submitted for VPR approval.

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to withdraw a submitted application, reject an award or recover F&A costs from a Principal Investigator's college, department when appropriate F&A waiver approvals have not been obtained.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil
Vice President for Research

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
February 12, 2013		
November 14, 2016	01	Incorporated existing policy into new template; Addition of Sections 2.0, 3.0, 4.0, 6.0, 7.0; revision of Section 5.0 to clarify applicability of policy to industry sponsors and that established policies must be in written form.
July 1, 2018	02	Policy Reformat

CLEMSON
UNIVERSITY

MEMORANDUM

TO: Deans, Associate Deans, Chairs, Graduate Program Coordinators, Administrative Assistants, and Business Managers

FROM: Doris Helms, Provost and Vice President for Academic Affairs
Chris Przirembel, Vice President for Research and Economic Development
John Kelly, Vice President for Public Service and Agriculture

SUBJECT: Graduate Tuition Policy

DATE: October 1, 2007

As a nationally recognized research university, Clemson recognizes the value of a robust graduate enterprise and the desirability for each faculty member to support graduate students via external grants and contracts. In general, priority should be given to supporting graduate students before funding postdoctoral appointments or research faculty in the event that the available grant budget is limited. Each graduate assistantship should be costed in a manner that accurately reflects the work and the underlying funding source of the graduate assistant. Additionally, Graduate Assistants at Clemson University must be accounted for in accordance with generally accepted accounting standards.

Consistent with the intent of the Graduate Tuition Policy approved by the Clemson University Board of Trustees and Federal Cost Accounting Principles defined in Circular A-21, **the following operating policies and procedures are being implemented immediately:**

1) All proposals for external funding are required to include the appropriate graduate tuition in the project budget as a direct expenditure unless the sponsor has a published policy disallowing tuition.

2) If the sponsor has a written requirement for cost-sharing, then use of an institutional Graduate Assistant Differential (tuition) to meet cost-share requirements, is allowable per procedures defined by the Graduate Dean and the Office of the Vice President for Research and Economic Development (see attached).

3) Graduate students receiving a non-sponsored assistantship from institutional (E&G and PSA) funds will have the Graduate Assistant Differential (tuition) covered by the university.

THOMAS GREEN CLEMSON 200
1807-2007
A Life and a Legacy

VICE PRESIDENT FOR RESEARCH AND ECONOMIC DEVELOPMENT
300 Brackett Hall Box 345701 Clemson, SC 29634-5701 USA
864.656.7701 FAX 864.656.7700 cprzmbl@clemson.edu

CLEMSON
UNIVERSITY

MEMORANDUM

TO: Deans, Associate Deans, Chairs, Graduate Program Coordinators, Administrative Assistants, Student Service Coordinators, and Business Managers

FROM: Bruce Rafert, Vice Provost and Dean of the Graduate School BR
Chris Przirembel, Vice President for Research and Economic Development

SUBJECT: Graduate Tuition Procedures

DATE: October 1, 2007

1) Consistent with Federal Cost Principles for Educational Institutions (OMB Circular A-21), an academic department graduate assistant with the title of: **Graduate Teacher of Record (GTR),** or **Principal Graduate Teacher of Record (PGTR),** or **Graduate Teaching Assistant (GTA),** or **Principal Graduate Teaching Assistant (PGTA),** or **Graduate Lab Assistant (GLA),** or **Principal Graduate Lab Assistant (PGLA),** or **Graduate Administrative Assistant (GAA),** or **Principal Graduate Administrative Assistant (PGAA),** or **Graduate Grading Assistant (GGA)** qualifies for an institutional graduate assistant tuition differential. Assignment of students to these categories of graduate assistantships should be made in accord with appropriate duties and position descriptions. All non-academic units (units that are not academic departments) are eligible to request a full or partial graduate assistant tuition differential from the Dean of the Graduate School.

2) **Graduate Research Assistants (GRA) -** If a GRA assistantship is being proposed for a sponsored project budget, then the graduate assistant tuition differential must be included in the project budget as a direct expenditure unless the sponsor has a published policy disallowing tuition. The underlying assumption is that sponsor funds should pay for graduate student tuition on sponsored projects; that the university should not be subsidizing graduate student tuition on sponsored projects. Exceptions are:
   a. If the GRA assistantship was provided by the college or department as a formal, written commitment as part of a new faculty start-up package, then the use of an institutional graduate assistant tuition differential is allowable.
   b. If cost-sharing is required by the sponsor (a written requirement of the sponsor), then use of an institutional graduate assistant tuition differential to meet cost-share requirements is allowable but should not be the budget category of "first choice" in meeting the cost-share requirement. It should be the last budget category considered to meet the cost share requirement, and should only be used after other sources of cost sharing have been provided.
   c. If, in the opinion of the college, the investment of a college allocated graduate assistant tuition differential in the project is justified, then use of an institutional graduate assistant tuition differential is allowable.

THOMAS GREEN CLEMSON 200 1807-2007 A Life and a Legacy

VICE PRESIDENT FOR RESEARCH AND ECONOMIC DEVELOPMENT
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3) **Best Business practices for GAD accounting:**
   a. Prior to the beginning of each semester and summer school session, departments will provide to the Graduate School, a list of graduate students who will be receiving an assistantship. The source of the assistantship and the source of the associated tuition (graduate assistant tuition differential) must BOTH be specified on the GS61 form. This information will be entered directly into the university accounting system, and will be the definitive source for which accounts stipend and tuition will be charged to. Failure to specify funded accounts for both items will result in an inability to approve the assistantship. Normally, graduate assistantship differentials should be charged to the "account" from which the graduate stipend is paid. If a GRA assistantship is being paid from a sponsored project then the Student Services Coordinator should indicate on the GS61 form and on the graduate assistant tuition differential panel that the source of the graduate assistant tuition differential is the sponsored project unless written documentation is available indicating another source. A college specific minimum stipend is required in order to qualify for an institutional graduate assistant tuition differential.
   b. There should be consistent, clear and ongoing communication between the faculty member PI, the department payroll administrator, and the department student services coordinator so that the source of assistantship and graduate assistant tuition differential are correctly accounted for when a student is placed on payroll or when payroll changes are made.
   c. Rebudgeting of sponsor allocated graduate assistant tuition differential is not allowed. Permission for exception must be requested from the appropriate College Dean's office.
   d. Colleges will provide to the Graduate School monthly reports on Excel templates provided by the Graduate School indicating details about assistantships, rebudgeting of sponsor-funded graduate assistant tuition differential, and graduate assistant tuition differential being proposed on grants and contracts.
   e. The Graduate School will annually provide a number of allocated discretionary graduate assistant tuition differentials for each college.
   f. The Graduate School will review and modify these procedures on an annual basis, making recommendations for policy changes to the mission vice presidents as appropriate.

4) **Procedures are effective immediately for all new submissions and continuation proposals with new or modified budget requests.**

POLICY ON BUDGETING POSTDOCTORAL SALARY/STIPENDS IN SPONSORED PROJECT APPLICATIONS

Policy Number: 2.0.4.6 **Version Number:** 001
Classification: Proposal Development and Submission **Effective Date:** January 1, 2017
Responsible University Office: Office of Sponsored Programs

1.0 Purpose

The purpose of this policy is to ensure that all postdoctoral researchers supported by externally sponsored awards are funded at the minimum annual salary threshold as specified by the Fair Labor Standards Act.

2.0 Applicability

This policy applies to all grant and contract applications requesting funds from external sponsors to support postdoctoral researchers as defined in Section 4.0.

3.0 Government Rules and Regulations

Fair Labor Standards Act (FSLA) – The FLSA establishes minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local governments." As amended on May 18, 2016, the U.S. Department of Labor raised minimum salary thresholds for exempting employees from FLSA overtime requirements from $455 a week (or $23,660 annually) to $913 a week ($47,476), effective December 1, 2016. These thresholds are expected to be reviewed and updated every three years.

4.0 Definitions

Fair Labor Standards Act (FLSA) – See Section 3.0

Postdoctoral Researcher - An individual who has received a doctoral degree (or equivalent) and is engaged in a temporary and defined period of mentored advanced training to enhance the professional skills and research independence needed to pursue his or her chosen career path (as defined by the National Institutes of Health and National Science Foundation, January 29, 2007).

5.0 Policy

Effective immediately, all new proposals for grants and contracts should budget no less than the FLSA annual minimum salary for all postdoctoral research positions to ensure they are sufficiently funded. Multi-year applications must budget for potential Cost-of-Living Adjustments every three years at a rate of approximately three (3) percent of current salary, or at a rate specified by the U.S. Department of Labor. The Budget Justification must clearly explain that the proposed COLA is in response to anticipated increases in the FLSA Minimum Salary threshold. When an application funds only a portion of a postdoctoral salary based on total effort devoted to the project, the same minimum salary threshold should be used as the basis for calculating salary/stipend amounts and be clearly articulated in the application's budget justification.

6.0 Responsibilities

Principal Investigators: Ensure that postdoctoral work tasks are appropriately assigned to a postdoctoral position classification as defined in Section 4.0.

OSP Support Centers: Verify that work tasks match postdoctoral position classification as defined in Section 4.0. Verify that budget requests are based on minimum FLSA salary thresholds, subsequent COLAs are included in multi-year budgets and budget justifications include the required references to FLSA review periods.

Department Chairs and Associate Deans for Research: During electronic routing approval process, verify that postdoctoral work tasks are appropriately reflected with a postdoctoral position classification as defined in Section 4.0, and the salary requested is based on the minimum FLSA salary thresholds. For multi-year proposals, verify that a COLA is factored in every three years with an appropriate budget justification.

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to withdraw an application or reject an award that does not include adequate postdoctoral support per this policy. Alternatively, Clemson may require a budget revision, with sponsor approval, to fund postdoctoral positions at the FLSA minimum salary levels by reducing other budget categories.

8.0 Approval Signatures

This policy has been approved by:

July 1, 2018

Tanju Karanfil
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
January 1, 2017		
July 1, 2018	1	New classification number

POLICY ON THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

Policy Number: 3.0.1 **Version Number:** 003
Classification: Research Compliance **Effective Date:** February 5, 2019
Responsible University Office: Office of Research Compliance

1.0 Purpose

The following policy has been developed to ensure compliance with the Animal Welfare Act (AWA), the Public Health Service (PHS) Policy, other federal agency requirements, guidelines set forth bythe Association for the Assessment and Accreditation for Laboratory Animal Care International (AAALAC), and to ensure the humane care and use of vertebrate animals.

To meet these requirements and ensure adherence to applicable laws and regulations associated with vertebrate animal use, Clemson University has established an Institutional Animal Care and Use Committee (IACUC) to review all vertebrate animal activities within or associated with the University. This policy describes the responsibilities and authority of this committee. Additionally, this policy demonstrates Clemson University's commitment to assure the public confidence in our care and use of animals.

2.0 Applicability

The policy applies to all University faculty, staff, students, or others engaged in research, teaching, testing, or demonstration activities in which laboratory, wild, or agriculture vertebrate animals are utilized. **Scope:** The Institutional Animal Care and Use Committee has the responsibility and authority to oversee all vertebrate animal activities conducted on University property and in the field. Research conducted by University faculty, staff, and students at non-University facilities is subject to this policy and to the applicable policies of the facility.

3.0 Government Rules and Regulations

Applicable governmental regulations include the Animal Welfare Act and the Public Health Service Policy. Non-governmental guidance documents include, but are not limited to, guidance set forth by the Association for the Assessment and Accreditation for Laboratory Animal Care International, the Guide for the Care and Use of Laboratory Animals, and the Guide for the Care and Use of Agricultural Animals in Research and Teaching.

4.0 Definitions

Animal Definition (according to the *Animal Welfare Act Regulations)*: Animal means any live or dead dog, cat, nonhuman primate, guinea pig, hamster, rabbit or any other warm-blooded animal, which is being used or is intended for use for research, teaching, testing, experimentation or exhibition purposes or as a pet. This term excludes: birds, rats of the genus Rattus and mice of the genus Mus bred for use in research; horses not used for research purposes and other farm animals, such as, but not limited to livestock or poultry used or intended for use as food or fiber, or livestock or poultry used or intended for use for improving animal nutrition, breeding, management, or production efficiency, or for improving the quality of food or fiber. With respect to a dog, the term means all dogs, including those used for hunting, security, or breeding purposes.

Animal Definition (according to the *Public Health Service Policy*): Any live, vertebrate animal used or intended for use in research, research training, experimentation, or biological testing or for related purposes.

Animal Use Protocol (AUP): The document describing proposed animal use that is submitted to and reviewed by the IACUC prior to any animal use activity. AUPs may be approved for up to three years.

Field: The "field" refers to non-University owned locations used by wildlife researchers to collect data related to wildlife or to instruct students in methods related to wildlife research.

Institutional Animal Care and Use Committee (IACUC): The University committee created consistent with the requirements of the PHS Policy and AWA to review activities involving vertebrate animal use.

5.0 Policy

This policy establishes the Clemson University Institutional Animal Care and Use Committee (IACUC). The IACUC is empowered with the responsibility for the oversight, review, and approval of all activities involving the use of laboratory, wild, and agriculture vertebrate animals and institutional compliance with federal, state, and local requirements governing the use of vertebrate animals in research, testing, teaching or demonstration. No animal use may begin without an approved Animal Use Protocol and no animal use may continue on an expired AUP.

Further, the IACUC ensures institutional compliance with federal, state, and local requirements governing the use of vertebrate animals. All University faculty, staff, students, and others, including visiting scientists, companies, and external scientists, engaged in vertebrate animal activities are responsible for the proper, safe, and humaneconduct of these activities at Clemson University facilities or in the field. All vertebrateanimal activities must be completed in accordance with all applicable elements of thispolicy, IACUC policies and procedures, the requirements of federal, state, and localauthorities, and policies of funding agencies.

5 Responsibilities

Authority and Administration of Policy: The President of the University has the authority to appoint the Institutional Animal Care and Use Committee (IACUC). The Office of Research Compliance is responsible for the administration of IACUC functions.

The Senior Vice President for Research, Scholarship and Creative Endeavors will serve as the Institutional Official.

IACUC Membership: Appointments made to the Institutional Animal Care and Use Committee (IACUC) shall be made in accordance with applicable federal requirements.

Responsibilities of the IACUC include:

- Review and approval of all (vertebrate) animal activities for research, testing, teaching, or demonstration conducted at or in association with Clemson University
- Conduct review of Clemson University's animal care and use program and inspection of all University animal facilities on a semiannual basis, reporting a summary of these reviews to the IO
- Provide applicable reporting on animal use to appropriate regulatory bodies
- Ensure that University animal care and use complies with all federal, state, and local regulations, as well as University policies
- Investigate concerns involving the care and use of animals at Clemson University resulting from public complaints or reports of non-compliance submitted by Clemson University personnel
- Make recommendations to the IO regarding any aspect of Clemson University's animal care and use program, facilities, or personnel training
- Assure and promote the responsible and humane use of animals in

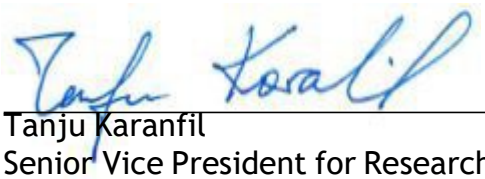
research, teaching, testing, and demonstration.

6 Sanctions for Non-Compliance

The IACUC has the authority to suspend or terminate animal activities deemed not incompliance with governmental regulations or University Policy, as well as withhold funding until compliance is achieved.

7 Approval Signatures

This policy has been approved by:



Tanju Karanfil
Senior Vice President for Research,
Scholarship and Creative Endeavors

12.4.2024
Date

REVISION HISTORY

EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
February 5, 2019	01	Incorporated into VPR Policy Template
January 28, 2021	02	Clarification of Language; combined with former 3.0.5
August 9, 2024	03	Clarification of Language

RESPONSIBILITIES AND AUTHORITY OF THE ATTENDING VETERINARIAN

Policy Number: 3.0.2
Version Number: 003
Classification: Research Compliance
Effective Date: January 28, 2009
Responsible University Office: Vice President for Research

1.0 Purpose

In order to demonstrate the University's commitment to the requirements of the Animal Welfare Act, the Health Research Extension Act, their implementing regulations, and to enable continued accreditation of Clemson University's animal care and use programs and facilities by the Association for Assessment of Laboratory Animal Care, International, this policy establishes the responsibilities and authority of the Attending Veterinarian to carry out his/her duties in accordance with these laws and accreditation standards. Additionally, this policy demonstrates Clemson University's commitment to ensure the public confidence in the University's care and use of animals.

2.0 Applicability

This policy applies to any faculty or staff member serving in the role of Clemson University's Attending Veterinarian.

3.0 Government Rules and Regulations

The relevant regulations identified below outline the authority of the Attending Veterinarian to provide adequate veterinary care of all vertebrate animals used in research, testing, teaching or demonstration. All personnel who use vertebrate animals at or as an agent of Clemson University in research, testing, teaching or demonstration; or provide animal management, animal husbandry or any other aspect of veterinary care, must have a clear understanding of the laws, regulations and standards, as well as University processes, protocols and approved standard operating procedures.

1. Animal Welfare Regulations – CFR TITLE 9 – Animals and Animal Products, Chapter 1. Animal and Plant Health Inspection Services, Subchapter A, United States Department of Agriculture, Part 2, Regulations, Subpart C – Research Facilities, Sec. 2.33 – Attending Veterinarian and adequate veterinary care.
2. Health Research Extension Act of 1985, Public Law 99-158 – Public Health Service Policy on Humane Care and Use of Laboratory Animals.
3. Clemson University's Assurance of Compliance with Public Health Services Policy on Humane Care and Use of Laboratory Animals.

4. Guide for the Care and Use of Laboratory Animals, Chapter 3, Veterinary Medical Care, commonly referred to as 'The Guide'.
5. Guide for the Care and Use of Animals in Agriculture Research and Teaching, Chapter 3, Agricultural Animal Health Care, commonly referred to as 'The Ag-Guide'.
6. Association for the Assessment and Accreditation of Laboratory Animal Care, International, Rules of Accreditation.

4.0 Definitions

Animal: Any live vertebrate animal (and any other animal designated by applicable legislation) used or intended for use in research, testing, teaching or demonstration.

5.0 Policy

The Attending Veterinarian is legally mandated by the relevant regulatory authority listed above to ensure adequate veterinary medical care is provided to all vertebrate animals owned by or located at Clemson teaching and research, agricultural and biomedical farms and facilities. Furthermore, this policy specifically assigns the responsibility and authority to the Attending Veterinarian to develop, implement, administer and oversee all aspects of high quality, university-wide, animal health and well-being, husbandry, veterinary medical and surgical care programs for those vertebrate animals.

In situations where the jurisdiction of the Attending Veterinarian is unclear or disputed, or if lines of communication are disrupted for unforeseen reasons, the authority of the Attending Veterinarian to carry out his/her responsibility will take precedence. This policy assigns authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use to the Attending Veterinarian.

6.0 Responsibilities

Attending Veterinarian: When possible, solicits the input of the Principal Investigator or responsible research staff member(s) prior to implementing treatment or euthanasia of a research animal.

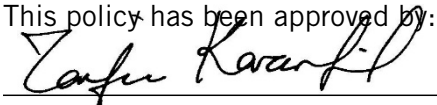
If the responsible Principal Investigator and the Attending Veterinarian are unable to communicate or are not in concurrence regarding the need for animal treatment or euthanasia, the Attending Veterinarian is authorized to implement treatment isolation, euthanasia or other action(s) based on his/her professional medical judgement. The Attending Veterinarian will promptly notify the Principal Investigator, the IACUC, and the Institutional Official (IO) of the action taken.

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to re-assign the Attending Veterinarian or take other personnel action, including dismissal.

8.0 Approval Signatures

This policy has been approved by:



July 1, 2018

Tanju Karanfil
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
March 31, 2017	01	Update signature
July 1, 2018	02	Clarification of language and reformat of policy
January 28, 2021	03	Clarification of language

POLICY ON SATELLITE ANIMAL FACILITIES

Policy Number: 3.0.3
Classification: Research Compliance
Responsible University Office: Vice President for Research

Version Number: 003
Effective Date: February 12, 2013

1.0 Purpose

The Office of the Vice President for Research partners with the Institutional Animal Care and Use Committee (IACUC) and the University's Attending Veterinarian to ensure animal related work is conducted responsibly and ethically. A highly competent and compassionate network of animal caretakers supports our efforts.

The purpose of this policy is to stipulate appropriate oversight and approval for management of satellite animal facilities.

2.0 Applicability

All Clemson University faculty, staff and students at University-managed satellite animal care facilities.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Satellite Animal Facility: Animal care facilities outside of Clemson core animal care facilities (Piedmont REC and Edisto research and education farms, Aquatic Animals Research Lab, and Godley Snell Research Center).

5.0 Policy

All new plans to house animals at a satellite animal facility must be approved in writing by the Vice President for Research prior to seeking approval from the IACUC and the Attending Veterinarian.

6.0 Responsibilities

Principal Investigators/Researchers: Submit to the Vice President for Research a written requestto house vertebrate animals at a satellite animal facility. With this approval, proceed to seek approval from the IACUC and the University's Attending Veterinarian.

7.0 Sanctions for Non-Compliance

Clemson University reserves the right to remove access to satellite facilities and take otherpersonnel actions, including dismissal.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Senior Vice President for Research,
Scholarship and Creative Endeavors

December 4, 2024
Date

REVISION HISTORY		
EFFECTIVE DATE	**REVISION NUMBER**	**MODIFICATION**
October 15, 2017	01	Clarification of language and reformat of policy; policy number modification; removal of language related to change in management personnel.
January 28, 2021	02	Clarification of Language
August 9, 2024	03	Clarification of REC farms

Division of
RESEARCH

POLICY ON CONDUCTING RESEARCH STUDIES USING GOOD LABORATORY PRACTICES

Policy Number: 3.0.4 **Version Number:** 001
Classification: Compliance **Effective Date:** January 1, 2014
Responsible University Office: Office of Research Compliance

1.0 Purpose

The purpose of this policy is to ensure that Clemson University has the necessary infrastructure to support any non-clinical laboratory studies that require Good Laboratory Practices.

2.0 Applicability

This policy applies to all faculty, staff and students at Clemson University.

3.0 Government Rules and Regulations

Sections 406, 408, 409, 502, 503, 505, 506, 510, 512-516, 518-520, 721, and 801 of the Federal Food, Drug, and Cosmetic Act and sections 351 and 354-360F of the Public Health Service Act.

4.0 Definitions

Good Laboratory Practices - Standards for conducting nonclinical laboratory studies that support or are intended to support applications for research or marketing permits for products regulated by the Food and Drug Administration, including food and color additives, animal food additives, human and animal drugs, medical devices for human use, biological products, and electronic products.

5.0 Policy

It is the policy of Clemson University that all investigators intending to conduct nonclinical laboratory studies as defined in Section 4.0 must first seek and receive the approval of the Vice President for Research prior to beginning the research study.

6.0 Responsibilities

It is the responsibility of the investigator of the proposed study to submit a request to the Vice President for Research for permission to conduct the study, prior to beginning any research activities.

It is the responsibility of the investigator to contact the Office of Research Compliance for guidance in understanding the specific requirements of Good Laboratory Practices.

7.0 Sanctions for Non-Compliance

Non-clinical laboratory studies requiring the use of Good Laboratory Practices that have commenced without the approval of the Vice President for Research will be terminated immediately.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Vice President for Research

July 1, 2018
Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
January 1, 2014		
July 1, 2018	1	New policy format and classification

POLICY ON THE INSTITUTIONAL REVIEW BOARD (IRB) FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

Policy Number: 3.0.5 **Version Number:** 002
Classification: Research Compliance **Effective Date:** February 5, 2019
Responsible University Office: Office of Research Compliance

1.0 Purpose

This policy has been developed to ensure compliance with the Common Rule (45 CFR 46) and other federal regulations that outline the oversight of research projects involving the use of human subjects. To meet these requirements and assure adherence to federal regulations, Clemson University (CU) has established an Institutional Review Board for the Protection of Human Suebjects in Research (IRB) to review all activities that meet the definition of human subjects research in the federal regulations. This policy describes the responsibilities and authority of this oversight committee/board.

2.0 Applicability

This policy applies to all human subjects research conducted or supported by the faculty, students, staff, or other representatives of CU, regardless of where the research is conducted. The CU IRB may choose to accept the review and approval of another duly constituted IRB with a federal wide assurance (FWA) for research conducted at other sites.

The IRB shall review and approve all human subjects research before it can be conducted by anyone on the premises of CU property or within CU facilities.

The Vice President for Research will serve as the Institutional Official.

3.0 Government Rules and Regulations

Applicable regulations include 45 CFR 46 (Common Rule - DHHS), CFR 21 (various regulations – FDA), 34 CFR Part 98 & 99 (PPRA & FERPA – DoEd) and Health Insurance Portability and Accountability Act (HIPAA).

4.0 Definitions

Institutional Review Board (IRB). An IRB is a board designated by CU to review, to approve the initiation of, and to conduct periodic review of research involving human subjects. The primary purpose of such review is to assure the protection of the rights and welfare of the human subjects. The IRB may be assigned other review functions as deemed appropriate by the organization.

Federalwide Assurance (FWA). The FWA is an agreement with the Department of Health and Human Services Office of Human Research Protection (OHRP) declaring that all institutional components listed under the CU's FWA will comply with the requirements set forth in the regulations for the protection of human subjects at 45 CFR part 46.

Institutional Official (IO). The IO is responsible for ensuring that the IRB at CU has the resources and support necessary to comply with all federal regulations and guidelines that govern human subjects research. The IO is legally authorized to represent the institution, is the signatory official for all assurances, and assumes the obligations of the institution's assurance.

Human Subjects Research. Human subjects research for the purposes of this policy is defined as an activity that meets the definitions of "research" and involves "human subjects" as defined at 45 CFR part 46.

5.0 Policy

A. The IRB, which is housed administratively within the Office of Research Compliance (ORC), shall exercise its authority in full accordance with Health and Human Services regulations at 45 CFR part 46 and CU policies and procedures. This authority includes review and approval of exempt research under 45 CFR part 46.101 (b); research, which qualifies for expedited review under 45 CFR part 46.110; and research, which requires review by the full IRB. The IRB has the empowerment, flexibility and discretion to raise the standards of protection above those afforded to research subjects in 45 CFR part 46 as it deems appropriate and necessary in particular cases although it may not lower the protections below those afforded by 45 CFR part 46.

B. IRB members are to report any attempts to unduly influence their decisions to the ORC. The ORC will investigate the allegations, and if true, will take any needed corrective action.

C. Per Health and Human Services regulations at 45 CFR part 46.112, the institution acknowledges that research, which has been approved by the IRB may be subject to further appropriate review by the IO, or his/her designee. However, no official may approve research if it has not been approved by the IRB. In addition, any attempt to unduly influence the IRB from both within and outside the Institution is strictly prohibited and must be reported to the IO or ORC who will take appropriate action.

D. Approval of research by the IRB can be overturned by the IO or his/her designee.

6.0 Responsibilities

The Institution will apply 45 CFR part 46, including Subpart A, B, C, and D, to all human subjects research regardless of funding.

Human subjects research that would fall under the purview of FDA may be referred to the Greenville Health System IRB as per prearranged agreement.

7.0 Sanctions for Non-Compliance

The ORC will be notified in situations of possible non-compliance, which consists of the failure to comply with any Health and Human Services regulations, and/or IRB requirements; Noncompliance is assessed as non-serious, serious, or continuing. A complete review of the IRB study record will be performed by the ORC staff to determine what further action should be taken.

IRB approval may be suspended or terminated if research is not being conducted in accordance with IRB or regulatory requirements.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Vice President for Research

1.28.2021
Date

REVISION HISTORY		
EFFECTIVE DATE	**REVISION NUMBER**	**MODIFICATION**
February 5, 2019	01	Incorporated into VPR Policy Template
January 28, 2021	02	Policy number changed from 3.0.6 to 3.0.5

Division of RESEARCH

POLICY ON INSTITUTIONAL BIOSAFETY COMMITTEE

Policy Number: 3.0.6 **Version Number:** 003
Classification: Research Compliance **Effective Date:** August 18, 2024
Responsible University Office: Office of Research Compliance

1.0 Purpose

Clemson University endeavors to provide for the safe and secure use of biological materials used in research. Key objectives of safeguards for research activities utilizing biological materials are to prevent occupational exposures and accidental releases of biological agents that could harm employees, students, the public, or the environment. To meet these important safety and security objectives, the Clemson University Institutional Biosafety Committee ("the IBC") exists to facilitate comprehensive oversight, including review and approval, of the use of biological materials at Clemson University.

2.0 Applicability

This policy is applicable to all University faculty, staff, students and others engaged in the conduct of biological research at Clemson University facilities. Research conducted by CU faculty, staff and students at non-CU facilities is subject to this policy and the companion procedures if the research is funded by NIH or other funding agencies through Clemson University. This policy is also applicable to all non-University faculty, staff, students and others engaged in the conduct of biological research at Clemson University facilities.

Scope: Biological agents coming under this policy include bacteria, viruses, rickettsia, parasites, prions, fungi, biological toxins, and other sources of biological materials, known to be, or suspected of being, hazardous to humans, plants or animals if released into the environment. All select agents and toxins (including Tier 1), as well as Life Sciences Dual Use Research of Concern (DURC) fall under the scope of this policy. Also included are ALL human-derived and primate-derived biological materials used in research. For purposes of this policy and IBC oversight, biological agents also include Risk Group 1 biological agents, as identified in the NIH guidelines, which are not known to be or suspected of being hazardous to humans.

Included within the scope of this policy is research involving the construction and/or handling of (1) recombinant nucleic acid molecules, (2) synthetic nucleic acid molecules, including those that are chemically or otherwise modified but can base pair with naturally occurring nucleic acid molecules, and (3) cells, organisms, and viruses containing such molecules.
In summary, the scope of this policy includes any biohazards, recombinant or synthetic nucleic acid molecules, and ALL human and primate derived biological materials used in research. Any research that uses nanoparticles with any of the items listed are also included.

3.0 Government Rules and Regulations

The basis of compliance is determined by the Centers for Disease Control-NIH Biosafety in Microbiological and Biomedical Laboratories, The NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules, USDA Guidelines for Research Involving Planned Introductions into the Environment of Genetically Modified Organisms (December 3-4, 1991), and other applicable regulations.

4.0 Definitions

4.1 APHIS: The U.S. Depart of Agriculture's Animal and Plant Health Inspection Service.

4.2 Biological Agent: Any bacteria, viruses, rickettsia, parasites, prions, fungi, toxins, deoxyribonucleic acid (DNA), and ribonucleic acid (RNA), known to be, or suspected of being, hazardous to humans, plants, and animals, ALL human-derived and primate-derived biological materials used in research, and any recombinant or synthetic nucleic acid molecules, and cells, organisms, and viruses containing such molecules.

For purposes of this policy and IBC oversight, biological agents also include Risk Group 1 (RG1) biological agents listed below.

A. RG1 biological agents that could be opportunistic pathogens that may cause infection in the young, the aged, and/or immunodeficient or immunosuppressed individuals.

B. RG1 biological agents that are known or suspected of being hazardous to animal populations or plants.

4.3 Biological Safety Officer (BSO): An individual appointed by the University to oversee management and implementation of all aspects of the biosafety program, minimizing biosafety and biosecurity risks. The Biological Safety Officer, a full-time position within the Clemson University Office of Research Safety, is a member of the IBC.

4.4 **Biosafety Level (BSL):** A description of the level of physical containment and specific work practices (this includes combinations of laboratory work practices and techniques, safety equipment, and laboratory facilities) required to be employed to contain biological agents and to reduce the potential for exposure of laboratory workers, persons outside of the laboratory, and the environment. Each combination is specifically appropriate for the operations performed, the documented or suspected routes of transmission of the infectious agents, and the laboratory function or activity. Biosafety levels are graded from BSL-1 (lowest containment) to BSL-4 (highest containment).

4.5 **BMBL:** Common abbreviation for CDC/NIH publication*: Biosafety in Microbiological and Biomedical Laboratories,*

4.6 **CDC:** The Department of Health and Humans Services' Centers for Disease Control and Prevention.

4.7 **CDC-DSAT:** The CDC's Division of Select Agents and Toxins.

4.8 **Department of Health and Human Services (HHS):** U.S. Department of Health and Human Services.

4.9 **Dual Use Research of Concern (DURC):** "Life sciences research that, based on current understanding, can be reasonably anticipated to provide knowledge, information, products, or technologies that could be directly misapplied to pose a significant threat with broad potential consequences to public health and safety, agricultural crops and other plants, animals and the environment, materiel, or national security." *(Reference: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern)*

In essence, "DURC is life sciences research that is intended to benefit, but which might easily be misapplied to do harm." *(World Health Organization (WHO) – 2016.)*

4.10 **Institutional Biosafety Committee (IBC):** The University committee created consistent with the requirements of the NIH Guidelines to review research involving recombinant or synthetic nucleic acid molecules, including Human Gene Transfer experiments, as well as other research that entails biohazard risks, including DURC. The IBC reports to the Assistant Vice President for Research through the IBC Chairperson.

4.11 **Institutional Contact for Dual Use Research (ICDUR):** An individual designated by the University to serve as an institutional point of contact for questions regarding compliance with and implementation of the requirements for the oversight of DURC as well as the liaison (as necessary) between the University and the relevant U.S. Government funding agencies. The Clemson University IBC Chairperson is designated to serve as the ICDUR.

4.12 **Institutional Review Entity (IRE):** A committee established by the University to

review Dual Use Research of Concern, as required by the "United States Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern". The Clemson University IBC is designated to be the "Institutional Review Entity".

4.13 **National Institutes of Health** (**NIH):** The NIH is one of several health agencieswithin the Public Health Service, which is an agency within the U.S. Department of Health and Human Services (DHHS).

4.14 **NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules (NIH Guidelines):** The NIH Guidelines detail safety practices and containment procedures for basic and clinical research involving recombinant or synthetic nucleic acid molecules, including the creation and use of organisms and viruses containing recombinant or synthetic nucleic acid molecules.

Important Note: *Although not regulatory by definition, compliance with the NIHGuidelines is mandatory.* The NIH Guidelines (in Section I-D) state that, as a condition for NIH funding of recombinant or synthetic nucleic acid molecule research, institutions shall ensure that all such research conducted at or sponsored by the institution, irrespective of the source of funding, shall complywith the *NIH Guidelines*. Failure by one PI at Clemson University to follow the NIH Guidelines (whether or not NIH funded) can lead to suspension or termination of NIH funding for all NIH sponsored programs at Clemson University.

4.15 **Office of Biotechnology Activities (OBA):** The NIH office responsible for promoting sciences, safety and ethics in the development of public policies in the areas of Biomedical Technology Assessment, Biosafety, and Biosecurity. By monitoring research and through consultation, coordination, and analysis, the office develops policies related to:

A. The conduct of clinical trials using recombinant and synthetic nucleic acids,
B. Biosafety for NIH supported research,
C. Biosecurity, including oversight and dual use research, and
D. Registration of new stem cells lines for NIH funded research.

4.16 **Principal Investigator (PI):** Faculty or other lead researcher who is primarily responsible for the conduct of the research requiring IBC approval.

4.17 **Recombinant DNA Advisory Committee (RAC):** An NIH advisory committee whose principal role is to provide advice and recommendations to the NIH Director on (1) the conduct and oversight of research involving recombinant DNA, including the content and implementation of the NIH Guidelines, and (2) other NIH activitiespertinent to recombinant DNA technology. A major element of this role is to examine the science, safety and ethics of clinical trials that involve the transferof recombinant DNA to humans.

4.18 **Recombinant and Synthetic Nucleic Acid Molecules:** Under the

current NIH Guidelines, these are:

A. Molecules that (1) are constructed by joining nucleic acid molecules and (2) that can replicate in a living cell, i.e., recombinant nuclei acids;
B. Nucleic acid molecules that are chemically or by other means synthesized or amplified, including those that are chemically or otherwise modified but can base pair with naturally occurring nucleic acid molecules, i.e., synthetic nucleic acids, or
C. Molecules that result from the replication of those described in A. or B. above.

4.19 Responsible Official (RO): The Responsible Official (RO) is the individual designated by the University and approved by the U.S. Department of Health and Human Services with the authority and control to ensure compliance with the select agent regulations (42 CFR Part 73, 9 CFR Part 121, and 7 CFR Part 331). The RO has been designated as the primary contact for compliance with the Select Agent regulations, including the registration of select agents with the CDC-DSAT, or AgSAS when applicable. The RO is also the person responsible and authorized to transfer and receive select agents on behalf of University researchers. The Clemson University Biological Safety Officer is designated as the RO at Clemson University.

4.20 Risk Groups (RGs): Categories of biological agents based on their relative pathogenicity for healthy adult humans, as defined in the NIH Guidelines, that are used in making risk assessments, according to the following criteria:

- **Risk Group 1 (RG1)** agents are not associated with disease in healthy adult humans.
- **Risk Group 2 (RG2)** agents are associated with human disease which is rarely serious and for which preventive or therapeutic interventions are *often* available.
- **Risk Group 3 (RG3)** agents are associated with serious or lethal human disease for which preventive or therapeutic interventions *may* be available.
- **Risk Group 4 (RG4)** agents are likely to cause serious lethal human disease for which preventive or therapeutic interventions are *not usually* available.

Refer to the NIH Guidelines for additional details: NIH Guidelines.

Risk groups are the result of a classification of microbiological agents based on their association with, and resulting severity of, disease in humans. The risk group of an agent is one factor considered in association with mode of transmission, procedural protocols, experience of staff, and other factors in determining the BSL in which the work will be conducted.

4.21 Select Agents and Toxins: Any one of a number of microorganisms or toxins listed by CDC at Select Agents and Toxins List. (Click on the hyperlinks for details.) The term "select agent" also includes nucleic acids that can

produce infectious forms of any of the select agent viruses and recombinant nucleic acids that encode for the functional form(s) of any of the select agent toxins. Anticipated use of any select agents involving importation to Clemson University, or exportation fromClemson University, requires registration with the CDC-DSAT (or AgSAS as applicable) in advance, through the University's RO. Approval from the CDC- DSAT must be received through the RO before those activities can commence.

4.22 **Select Agent Regulations:** Regulations defining biological organisms and toxins that are of potential use to terrorists, and which must be registered with the CDC-DSAT prior to importation to the University or exportation from the University, and for which there must be an established compliance program in place. ***These rules are codified at*** 42 CFR Part 73 - Select Agents and Toxins.

Noncompliance with the Select Agent Regulations can result in sanctions that include the loss of NIH funding, as well as civil penalties.

5.0 Policy

This policy establishes the Clemson University Institutional Biosafety Committee (IBC) which is empowered with the responsibility for the oversight, review and approval of all biological research conducted at Clemson University and institutional compliance with federal, state and local requirements governing the use of biological materials, including select agents and toxins, and life sciences dual use research of concern (DURC). All University faculty, staff, students, and others, including visiting scientists, companies and external scientists, engaged in biological research are responsible for the proper, safe and secure conduct of research at Clemson University facilities, in accordance with all applicable elements of this policy, IBC procedures, and the requirements of federal, state and local authorities, including those of funding agencies, governing the use of biological materials.

6.0 Responsibilities

Authority and Administration of Policy: The President of the University has the authority to appoint an Institutional Biosafety Committee (IBC) for Clemson University. The Office of Research Compliance is responsible for the administration of IBC functions.

The authority to review and approve or disapprove the biological safety aspects of any research, including DURC, is vested in the IBC. The IBC also serves as a technical resource for the biological safety program.

When reviewing DURC, the IBC functions as the University's IRE.

IBC Membership: Appointments made to the Institutional Biosafety Committee shall be made in accordance with applicable federal requirements.

7.0 Sanctions for Non-Compliance

The IBC has the authority to suspend or terminate research activities deemed not in compliance with governmental regulations and University Policy, as well as hold funding until compliance is achieved.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Vice President for Research

_12.4.2024_
Date

REVISION HISTORY		
EFFECTIVE DATE	**REVISION NUMBER**	**MODIFICATION**
February 5, 2019	01	Incorporated into VPR Policy Template
January 28, 2021	02	Clarification of Language; changed from 3.0.7 to 3.0.6
August 19, 2024	03	Removed use of hazardous chemicals in vertebrate animals from IBC scope, updated hyperlinks

EXPORT CONTROL POLICY

Policy Number: 3.0.7 **Version Number:** 001
Classification: Research Compliance **Effective Date:** March 10, 2021
Responsible University Office: Export Control and Research Security

1.0 Purpose

The purpose of this Policy is to specify Clemson University's commitment to full compliance with all **Export Control and Trade Sanctions** laws and regulations. In so doing, Clemson commits to making informed resources available to all personnel in furtherance of this Policy.

2.0 Applicability

This Policy applies to all university personnel, employees, students, visitors, courtesy appointments and any other individual conducting research, academic, operational, or business activities on behalf of Clemson University, regardless of whether such activities are conducted physically at Clemson University, physically at another location, or virtually.

3.0 Government Rules and Regulations

Citations:

- Export Administration Regulations (EAR), 15 CFR 730-774
- International Traffic in Arms Regulations (ITAR), 22 CFR 120-130
- Office of Foreign Assets Control (OFAC) U.S. Treasury Department, 31 CFR 500, Subtitle B, et seq.
- Department of Energy: 10 CFR 110 and 810, et seq.

4.0 Definitions

TERM	DEFINITIONS
Export	International transfer of any commodity, software, material or technology (information) including (but not limited to) specifically "controlled" items by any means including (but not limited to) courier/mailed shipment, hand-carried transfer, digital transfer, spoken communication and, depending on the export control level – visual access to certain controlled items and information.
Deemed Export	Access to and/or sharing of export control technology/information with foreign nationals on campus for whom such items are restricted by virtue of that foreign national's citizenship, subject to agency license approval or license requirement exemption.
Restricted Party Screening (RPS)	On-line accessible, screening procedure using Clemson's Visual Compliance licensed software tool to determine whether individuals and entities with whom Clemson engages are identified/listed on any of the U.S. Government's restricted party lists.
Department of Energy (DOE)	Regulations under the Nuclear Regulatory Commission and National Nuclear Security Administration governing nuclear research and related materials and software.
Export Administration Regulations (EAR)	Department of Commerce export control regulations governing and codifying the export and/or deemed export of "dual use" items and technologies (including but not limited those used and/or generated by fundamental research and restricted research activities), for reasons concerning national security, chemical/biologics controls, missile technology, nuclear proliferation, international geo-political stability, anti-terrorism. Includes all export license/license exemption procedures pertaining to destination controls and restricted parties.
Export Control Officer (ECO)	Clemson's officially designated employee responsible for overseeing and implementing Clemson's export compliance and trade sanctions program.
International Traffic in Arms Regulations (ITAR)	Department of State export control regulations governing access to and use of defense items and technologies domestically and internationally, a well as delivery of codified defense services to international defense agencies.
Empowered Official (EO)	Pursuant to the Department of State's ITAR regulations, Clemson's officially designated employee responsible for all transactions subject to the ITAR (may also be the ECO, when the ECO is also officially designated as the EO).
Office of Foreign Assets Control (OFAC)	Branch of U.S. Treasury Department which exercises oversight over U.S. Government's trade sanctions and embargo programs.
Trade Sanctions	Specific prohibition under the OFAC regulations governing engagement with OFAC-sanctioned ("blocked") parties as well as

	broad country-defined restrictions (e.g. Cuba, Iran, Syria, North Korea).
Export License/Authorization	Official approval by a governing agency to conduct a particular export or deemed export transaction; issued based on Clemson's formal license application process to the agency.
Restrictive Clauses in Federal/Industry Agreements	Typically flowed down as citizenship participation restrictions, information dissemination restrictions; data security requirements.
Technology Control Plan (TCP)	Documented, comprehensive security measures applicable to federal and industry-sponsored research and service agreements and contracts where Clemson is a prime or subcontractor, and agreement/contract mandates export control restrictions, and/or dissemination restrictions; and/or special engagement; and/or data security restrictions (including but not limited to U.S. Government-governed classified contracts).
Cyber Security Model Certification (CMMC)	Documented data security plan in compliance with NIST 800-171 federal requirements to protect Controlled Unclassified Information (CUI); may be accomplished through a scored "self-assessment" or third-party certification (also referred to as a System Security Plan or SSP).
Biologic Control Access Plan (BCAP)	Documented BSL-2 access and use plan focusing on BSL-2 security measures.
Self-Inspection Audit (SIA)	Internal compliance assessments conducted within a research department or business unit.
Export Recordkeeping	Federally-required 5 year export-related record retention, as required under the EAR and the ITAR .
Foreign Influence	Attempts by international governments and related organizations to gain access to export sensitive research applications or data, or other trade secret IP, either through illegal IT penetration or through proximity to and absorption of such IP domestically or internationally.
Voluntary Self-Disclosure	Procedure to timely report export control/trade sanction violations to the appropriate federal agency.

5.0 Policy

Clemson University shall comply with all U.S. federal **Export Control** and **Trade Sanction** regulations. These laws govern:

- what research instruments, materials (including biologics), software and technology that we, as a U.S. institution, can export (i.e. transfer) out of the country by any means
- what sensitive items and technology may be shared with and used by foreign national individuals (visa holders) studying, researching, working in, or visiting our facilities
- what research, academic, and business partners we engage with, so as to avoid prohibited transactions with U.S. government-restricted or prohibited individuals or entities (parties of concern from a national security, export control or embargoed-country perspective)

- transactions with certain countries and listed parties subject to U.S. Treasury-mandated embargoes and trade sanctions.

In furtherance of this compliance objective, Clemson shall implement an export compliance/trade sanction program with all necessary processes and procedures. In the event of a suspected or actual export compliance violation, Clemson University shall take all required steps to investigate and remediate the matter accordingly.

6.0 Responsibilities

Compliance Oversight: Office of the Vice President for Research – Export Control Officer (ECO)/ Empowered Official (EO)

- Coordinating Restricted Party (RPS): screening across responsible units; resolving related issues
- Federally sponsored grant and contract review: restrictive clauses/export control review
- Industry Contract review: restrictive provisions
- International shipping review: classification, license determination, exemption documentation
- U.S. Customs import compliance: entry requirements and customs broker interface
- Export recordkeeping: retention consistent with EAR and ITAR requirements
- Deemed Exports: visa, procurement, and NDA/MTA reviews
- International Travel: review for export control risks
- OFAC compliance: processes to comply with restrictions and licensing requirements
- Commercialization and IP licensing reviews
- Advisory: responding to export control questions as they arise
- Global and strategic development: informing international Memoranda of Understanding (MOU)
- Foreign Influence and research security: coordinating strategies with stakeholders
- Coordination controls with EHS/Biosafety pertaining to controlled biologics and related research
- High Performance Computing (HPC): complying with deemed export rules; system administration
- Training: systematic university-wide approach and senior leadership briefings
- Website: comprehensive web reference tools
- Monitoring and self-assessment: Technology Control Plans (TCPs) and critical measures
- Regulatory requirements: informing Clemson as necessary
- Suspension of transactions with suspected or actual violations
- Preparations for Voluntary Disclosure when required.

7.0 Sanctions for Non-Compliance

In order to protect national security and U.S. interests internationally, U.S. Government agencies strictly enforce export control and trade sanctions regulations through substantial civil and criminal penalties, federal debarment and revocation of export privileges. Agencies have full audit and oversight authority.

Liability for violations is enforceable against an individual Clemson employee to whom an intentional violation is attributable and/or Clemson institutionally, depending on circumstances.

Clemson University reserves the right to take punitive and/or personnel actions against individuals who violate this policy.

8.0 Approval Signatures

This policy has been approved by:

_____ 3.11.2021_____

Tanju Karanfil Date
Vice President for Research

REVISION HISTORY		
EFFECTIVE DATE	**REVISION NUMBER**	**MODIFICATION**

Division of RESEARCH

POLICY ON GRANTS AND CONTRACTS COST TRANSFERS

Policy Number: 5.0.1 **Version Number:** 002
Classification: Post-Award Administration **Effective Date:** March 15, 2017
Responsible University Office: Grants and Contracts Administration

1.0 Purpose

This policy provides guidance on cost transfers to ensure best practices in the fiscal management of sponsored projects and to meet internal control requirements as required by 2 CFR 200 – "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards".

2.0 Applicability

This policy applies to all sponsored and formula capacity projects (funds 11, 17 and 20) projects, regardless of funding source/sponsor.

3.0 Government Rules and Regulations

2CFR 200.403 – Factors affecting the Allowability of Costs – costs must meet the following general criteria in order to be allowable under Federal awards:

a. Be necessary and reasonable for the performance of the Federal award and be allocable under these principles.
b. Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.
c. Be consistent with policies and procedures that apply uniformly to both federal and non-federal activities at the University.
d. Be accorded consistent treatment (A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost).
e. Be determined in accordance with generally accepted accounting principles (GAAP).
f. Not be included as a cost or used to meet cost sharing or matching requirements of any other federally-financed program in either the current or a prior period.
g. Be adequately documented (See also §200.300 Statutory and national policy requirements through §200.309 Period of performance of this part).

2 CFR 200.405(c) – Allocable costs – "Any cost allocable to a particular Federal award may not be charged to other Federal awards to overcome fund deficiencies, to avoid restriction by Federal statutes, regulations, or terms and conditions of the Federal award, or for other reasons."

2 CFR 200.430(c) – Compensation – personal services – "The non-Federal entity's system of internal controls includes processes to review after-the fact interim charges made to a Federal award based on budget estimates. Necessary adjustments must be made such that the final amount charged to the Federal award is accurate, allowable, and properly allocated."

See Grants and Contracts Administration web site for a link to the Uniform Guidance.
http://www.clemson.edu/research/grants-contracts/

4.0 Definitions

Cost Transfer: An after-the fact reallocation of a cost (expenditure) from one project to another.

Timely Manner: Less than 90 days after the original posting date. For the purpose of this policy, the transfer is a correction **to** a sponsored project that was previously recorded elsewhere, i.e. any other project, regardless of the fund group, on Clemson University's General Ledger.

5.0 Policy

The Principal Investigator (PI) or his/her designee, College and Department Business Officer and Area Grant Administrator are responsible for ensuring charges are appropriately assigned to the proper project when initiating the charge. When errors have occurred, these individuals are responsible for ensuring transfers of costs to or from sponsored projects are performed promptly and transfers of costs are performed in compliance with Federal, Sponsor and University Policies and procedures. Transfers of costs to any sponsored or formula capacity funded projects (Funds 11, 17, and 20) are allowable only when there is direct benefit to the project account being charged. All costs charged to a Funds 11, 17 and 20 project must be reasonable, allowable, allocable, and adequately documented.

To ensure compliance with 2 CFR 200, Clemson University requires that cost transfers be supported by documentation that fully explains how the error occurred and why the charge(s) are appropriate and allocable to a different project. Timeliness, clarity, and conciseness of the explanation of the transfer are important factors in supporting allowability and allocability on sponsored and formula capacity funded projects. Cost transfers are considered "the exception rather than the rule" and must be representative of errors and mistakes rather than a normal means of doing business. All cost transfers require retention of relevant back-up documentation. A cost transfer of charges older than 90 days requires an explanation as to why the error was not discovered in a timelier manner, as well as additional university approvals. In some cases, transfers that exceed 90 days may require sponsor approval prior to the transfer being approved by the University.

Fund 20 Projects Only

All cost transfers require the PI's and the College/Area Post Award Contacts approval. A cost transfer of $500 or more per line item, or journal entry total of $2,500 or more, requires approval from Grants and Contracts Administration. A cost transfer of 90 days or greater past the original posting date requires Department Chair, Associate Dean for Research, and Vice President for Research approvals. The Grants and Contracts Administration Cost Transfer Request Form

must be routed through the appropriate channels, as designated on that form. The form is located on GCA's web site: https://www.clemson.edu/research/grants-contracts/tools.html.

Required Documentation (Funds 11, 17 and 20):

- The cause of the error (why was the original project charged; and why the receiving project was not charged originally)
- Justification that the charge is allowable, allocable, and provides direct benefit to the sponsored or formula capacity funded project receiving the charge
- Each cost transfer must include copies of the original transaction(s), referring to the original Journal ID number and the Journal Date
- A transfer over 90 days requires an explanation of why the error was not discovered in a timelier manner

The following examples are provided as guidance but may not be all-inclusive:

Examples of a cost transfer that may be appropriate:

- Correction of technical errors, such as a data entry or transposition error
- Transfer of pre-award costs from a departmental non-Fund 20 project, given that the expenses were allowable and allocable, and were incurred within the permitted time of the award
- Transfer from the prior year account to a continuation award (if assigned a new project) and if allowed by the terms of the award

Examples of a cost transfer that is not appropriate:

- Transfer that is processed solely to move deficit spending from one sponsored project to another sponsored project
- Transfer that is processed solely to use up an unexpended balance (i.e. transfers during the last month of a project or after the projects end date)
- Transfer of expense that was not incurred during the project period of performance
- Random or rotation of costs, absent any information on actual use; i.e. arbitrary charging of pooled costs such as lab supplies
- Transfer of an expense with an explanation which merely states that the transfer was made "to correct an error" or "to transfer to correct project" (a detailed explanation is required)
- Transfer of a cost from/to a sponsored (Fund 20) project that is 45 days past the award end date unless it involves a continuation of an award
- Transfer of a payroll expense from a sponsored (Fund 20) project to another sponsored (Fund 20) project for which an effort/sponsored compensation report has been certified
- Transfer of a cost from an existing sponsored (Fund 20) project to a new awarded sponsored (Fund 20) project when a risk project was not requested

See the Policy on Risk Project Requests/Approvals:
https://www.clemson.edu/research/grants-contracts/documents/riskprojectrequestformpolicy12114.pdf

6.0 Responsibilities

All individuals involved with the administration and conduct of sponsored award activities, including departmental, college, division, and university sponsored project administrators, principal investigators, and other sponsored project accounting personnel are responsible for understanding the importance of charging costs correctly to sponsored projects and this policy. The individual who prepares the cost transfer request must possess knowledge of Clemson University's Chart of Accounts and Federal, State, and University regulations regarding charging costs.

7.0 Sanctions for Non-Compliance

Failure to adhere to this policy and the designated form may result in the disallowance of costs and/or cost transfers. Unallowable costs and unallowable cost transfers can be audit findings and may result in loss of funding and additional fines and penalties to Clemson University and possibly the debarment and suspension of a Principal Investigator or Clemson University from accepting awards. In addition, repetitive administrative/clerical errors that result in excessive cost transfers may result in personnel action.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil, Ph.D.
Vice President for Research

July 1, 2018
Date

George R Askew, Ph.D.
Vice President for Public Service

7/27/18
Date

REVISION HISTORY		
EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
March 15, 2017	Original - 001	
September 1, 2017	002	Update language
July 1, 2018	003	Policy Reformat and update language
July 27, 2018	004	Updated Language to include capacity funding and time frame from 120 days to 90 days

Division of RESEARCH

Policy on Purchase of Computing Devices on Sponsored Projects

Policy Number: 5.0.2
Version Number: 002
Classification: Post-Award
Effective Date: March 16, 2015
Responsible University Office: Grants and Contracts Administration

1.0 Purpose

The purpose of this policy is to establish the criteria for purchasing computing devices on sponsored projects.

2.0 Applicability

This policy is applicable to all externally funded sponsored projects.

3.0 Government Rules and Regulations

2CFR200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

Section 453 - Materials and supplies costs, including costs of computing devices.

In the specific case of computing devices, charging as direct costs is allowable for devices that are essential and allocable, but not solely dedicated, to the performance of a Federal award.

4.0 Definitions

For this purpose, computing devices include laptop computers, desktop computers, tablets, I-pads, and other similar devices but does not include mobile phones.

5.0 Policy

The following conditions must apply for a computing device to be purchased on a sponsored project: the computer must be allocable and essential and necessary to fulfill the project's scope of work; the computer must be fully described and justified in the proposed narrative and budget; and the computer must be approved by the sponsor. If the device is not specified in the original approved proposal budget, a justification that meets the above conditions and sponsor approval is required.

6.0 Responsibilities

The Principal Investigator must provide the justification; and documentation must be retained in the departmental project file.

7.0 Sanctions for Non-Compliance

If the purchase is deemed unallowable, the cost must be corrected to a non-sponsored project.

8.0 Approval Signatures

This policy has been approved by:

July 1, 2018

Tanju Karanfil
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2018	1	Re-Assignment of classification number

POLICY ON RECONCILIATION OF SPONSORED (FUND 20) PROJECTS

Policy Number: 5.0.3 **Version Number:** 001
Classification: Post-Award Administration **Effective Date:** September 1, 2017
Responsible University Office: Grants and Contracts Administration

1.0 Purpose

The purpose of this policy is to provide guidelines, responsibilities, and best practices for reconciliation of sponsored (Fund 20) projects, as required by 2 CFR 200 – "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards".

2.0 Applicability

This policy applies to all sponsored awards for which a Fund 20 project is active in the Clemson University General Ledger (GL), regardless of funding source/sponsor.

3.0 Government Rules and Regulations

2 CFR 200.61 Internal controls means a process, implemented by a non-Federal entity, designed to provide reasonable assurance regarding the achievement of objectives in the following categories: (a) effectiveness and efficiency of operations; (b) reliability of reporting for internal and external use; and (c) compliance with applicable laws and regulations.

2 CFR 200.62 Internal control over compliance requirements for Federal awards means a process implemented by a non-Federal entity designed to provide reasonable assurance regarding the achievement of the following objectives for Federal awards: (a) transactions are properly recorded and accounted for, in order to: (1) permit the preparation of reliable financial statements and Federal reports; (2) maintain accountability over assets; and (3) demonstrate compliance with Federal statutes, regulations, and the terms and conditions of the Federal award; (b) transactions are executed in compliance with (1) Federal statutes, regulations, and the terms and conditions of the Federal award that could have a direct and material effect on a Federal program; and (2) any other Federal statutes and regulations that are identified in the Compliance Supplement; and (c) funds, property, and other assets are safeguarded against loss from unauthorized use or disposition.

4.0 Definitions

Reconciliation: Comparing two sets of records to make sure they are in agreement with each other. For the purpose of this policy, the sets of records include the General Ledger (Business Intelligence DataWarehouse Detail Budget Status Report for Expenditures, the PI Report), or a journal detail expenditure query from the General Ledger (GL) and the supporting documentation for expenditures on a particular sponsored (Fund 20) project that is retained in a specific department/college. Reconciliation helps identify errors, irregularities, and needed adjustments.

5.0 Policy

A formal reconciliation of the accounting records on sponsored (Fund 20) projects must be performed monthly and within 30 calendar days after the report of record (Detail Budget Status Report, PI Report or the journal detail expenditure query) is available. A reconciliation of the General Ledger (GL) consists of the following processes:

- Validate the accuracy of the GL by comparing supporting documentation to transactions in the GL
- Ensure that all transactions on the GL are supported by accurate department records
- Ensure that all transactions have been authorized or approved by the Principal Investigator (PI) or an authorized designee
- Ensure that appropriate measures are taken to correct errors in a timely manner. For more information on cost transfers, review the Policy on Grants and Contracts Administration Cost Transfers: https://www.clemson.edu/research/grants-contracts/tools.html

6.0 Responsibilities

The individual who is reconciling must possess knowledge of Clemson University's Chart of Accounts and Federal, State, and University regulations regarding charging costs.

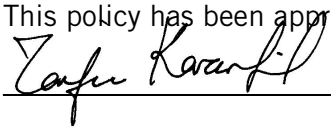
The individual must sign and date the report of record and retain the report and the supporting documentation for three years after the project end date, or longer, as specified in the sponsored award.

7.0 Sanctions for Non-Compliance

Failure to adhere to this policy may result in audit findings and personnel action.

8.0 Approval Signatures

This policy has been approved by:



July 1, 2018

Tanju Karanfil, Ph.D.
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2018	001	Policy Reformat

POLICY ON RESIDUAL BALANCES IN FIXED PRICE CONTRACTS

Policy Number: 5.0.4 **Version Number:** 003
Classification: Post-Award Administration **Effective Date:** February 24, 2014
Responsible University Office: Vice President for Research

1.0 Purpose

The purpose of this policy is to ensure that Clemson University has an appropriate procedure to review the disposition of residual funds in fixed price contracts.

2.0 Applicability

This policy applies to all fixed price contracts for research or services provided to an entity external to Clemson University.

3.0 Government Rules and Regulations

2 CFR 200 requires that universities be consistent in estimating, accumulating, and reporting costs for proposals and awards. Fixed price contract proposal costs should be estimated and actual project costs recorded with the same due diligence as cost reimbursable project proposals and awarded projects.

4.0 Definitions

Fixed Price Contract: Fixed price contracts are typically characterized by payments of predetermined amounts by a sponsor to support a project. The payments are either lump-sum or periodic and may or may not require submission of invoices for payment by Clemson University (CU). Generally, the payments are not on an expense reimbursement basis but on a predetermined total project cost. If the project costs are less than the award, the residual balance is retained by CU.

Residual Balance: The difference between an awarded amount in a fixed price contract and actual project costs.

5.0 Policy

Following contract/project completion and deliverables submitted and accepted by the sponsor and final payment received, the residual direct cost balance in fixed price contracts will be transferred to a designated account(s) of the principal investigator given the following conditions: (1) all direct charges are properly accounted for, (2) all indirect costs have posted in accordance with the direct cost expenditures, and (3) the remaining direct cost budget is not greater than 10% of the total awarded direct budget. The F&A balance will be accrued via journal entry and will be allocated according to normal F&A allocation procedures. The PI's College will be responsible for transferring amounts to other investigators based on the percent credit distribution indicated on the CU proposal.

If the residual direct balance is greater than 10% of the total direct award budget, the PI is required to submit an "Authorization for Residual Balance Transfer" form to Grants and Contracts Administration for the Vice President for Research approval before the funds will be transferred.

If there were indirect cost waivers, voluntary or sponsor restricted, the amount of unrecovered F&A (based on the approved CU F&A rate at the time of proposal submission) will be transferred to the Vice President for Research and the balance will be transferred to the PI's designated account.

6.0 Responsibilities

The "Authorization for Residual Balance Transfer" must be completed and signed by the College/Division Post Award Contact, the Principal Investigator, the Grants and Contracts Administration Fiscal Manager, and the Vice President for Research.

7.0 Sanctions for Non-Compliance

If the appropriate justification is not submitted to the Vice President for Research when required, residual balances will not be transferred and approval of future fixed price contracts may be withheld.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil, Ph.D.
Vice President for Research

July 1, 2018
Date

REVISION HISTORY		
EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
June 1, 2015	002	Update government rules and regulations
July 1, 2017	003	Clarify language in policy, update header and responsibilities
July 1, 2018	004	Policy Reformat

Division of RESEARCH

POLICY ON RISK PROJECT REQUESTS/APPROVALS

Policy Number: 5.0.5 **Version Number:** 002
Classification: Post-Award Administration **Effective Date:** September 1, 2017
Responsible University Office: Grants and Contracts Administration

1.0 Purpose

The purpose of this policy is to provide guidelines and assign certain prerequisites and responsibilities for risk project approvals for sponsored (Fund 20) projects as required by 2 CFR 200 – "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards".

2.0 Applicability

This policy applies to all potential awards for sponsored program proposals, regardless of funding source/sponsor. For the effective and economical conduct of a sponsored project, it is sometimes necessary for costs to be charged prior to receipt of the award. In such cases, the Principal Investigator is required to request the establishment of a risk project before charging costs. All costs associated with a proposal that has not been awarded must be charged to a risk project rather than an existing Fund 20 project or a departmental project.

3.0 Government Rules and Regulations

2 CFR 200.308(d)(1) allows recipients to incur project costs 90 calendar days on grant awards before the Federal awarding agency makes the Federal award. Expenses more than 90 calendar days of the award require prior approval of the Federal awarding agency. All costs incurred before the Federal awarding agency makes the Federal award are at the recipient's risk. The Federal awarding agency is under no obligation to reimburse such costs if for any reason the recipient does not receive a Federal award or if the Federal award is less than anticipated and inadequate to cover such costs. Pre-award costs generally are not allowable on federal contracts.

See Grants and Contracts Administration web site for a link to the Uniform Guidance.
http://www.clemson.edu/research/grants-contracts/

4.0 Definitions

Risk Project: A project that is set up in advance of receipt of an award.

Pre-award Costs: Costs incurred prior to the effective date of the award directly pursuant to the negotiation and in anticipation of the award where such costs are necessary for efficient and timely performance of the scope of work.

5.0 Policy

A proposal must be received, evaluated, and approved by the Office of Sponsored Programs or the appropriate Office of Sponsored Programs Support Center prior to requesting a risk project. Risk projects are required for spending on pending proposals in which the stated guidelines and/or sponsor's policies allow the University to incur costs prior to an official award on condition that the sponsor has provided written communication to the PI or University and award processing has not been completed. A risk project is also valid/required for spending on awards if the start date has passed but the award has not been fully executed. Risk project numbers will not be allowed on private industry proposals unless there is written approval from the sponsor authorizing expenditures prior to contract execution. The Vice President for Research must approve risk requests for private industry projects.

All required compliance protocols (Human Subjects, Animal Subjects, Biohazard/Chemical, Recombinant DNA, and Export Control) must be approved or have developmental approval prior to initiation of the risk request. The Annual Conflict of Interest must be disclosed prior to initiation of the risk request.

The snapshot from InfoEd, an internal budget for the requested amount, and the sponsor communication, must be included with the Risk Project Request/Approval Form. In addition, a default chartfield must be provided on the form. This packet must be emailed from the Communications Panel in InfoEd to the Director of Grants and Contracts Administration for project setup.

A risk project number is valid for 90 days and up to $50,000, or the amount proposed, whichever is less. If a project is not awarded within 90 days and more time/money is needed, acknowledgement by the Department Chair and Associate Dean for Research and approval by the Director of Grants and Contracts Administration are required.

If a risk project is not requested, cost transfers will not be allowed from an existing Fund 20 project to a newly established/awarded project. See Policy on Grants and Contracts Administration Cost Transfers.

Charges on a risk project that are disallowed or subsequently not awarded cannot be transferred to another Fund 20 project.

Charges incurred on a risk project will not be covered under the Policy for Management of a Sponsored Project Bad Debt if an award is not executed.

6.0 Responsibilities

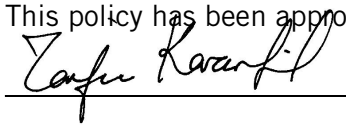
The Principal Investigator (PI) submits the request to the Office of Sponsored Programs Support Center. The Support Center personnel gathers the appropriate documentation and routes for signatures. The Principal Investigator, Department Chair, Dean/School Director, and Vice President for Research (as applicable) sign the Risk Project Request/Approval From prior to routing to Grants and Contracts Administration. The Director of Grants and Contracts Administration or his/her designee sets up the risk project and notifies the PI, the OSP Grants Administrator, the Post-Award Contact, and the Grants and Contracts Grants Manager.

7.0 Sanctions for Non-Compliance

Charges incurred prior to the sponsor's official start date are subject to disallowance unless provided by sponsor policy, or otherwise approved by the sponsor. Charges incurred on a risk project will not be covered under the Policy for Management of a Sponsored Project Bad Debt if an award is not executed.

8.0 Approval Signatures

This policy has been approved by:



July 1, 2018

Tanju Karanfil, Ph.D.
Vice President for Research

Date

REVISION HISTORY		
EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
December 1, 2014	001	Original
September 1, 2017	002	Update language
July 1, 2018	003	Policy Reformat

Division of RESEARCH

POLICY ON SPONSORED PROGRAM EXPENDITURES AUTHORIZATION/APPROVAL

Policy Number: 5.0.6 **Version Number:** 001
Classification: Post-Award Administration **Effective Date:** December 15, 2016
Responsible University Office: Grants and Contracts Administration

1.0 Purpose

The purpose of this policy is to assign responsibility for expenditure approvals for sponsored program project activities.

2.0 Applicability

This policy applies to sponsored projects and the Principal Investigator (PI) for those sponsored projects.

3.0 Government Rules and Regulations

2 CFR 200.61 provides requirements to ensure that non-federal entities implement processes to follow to comply with applicable laws and regulations regarding internal control.

4.0 Definitions

Principal Investigator (PI) Approval: The PI is aware of all expenditures charged on his/her sponsored project(s).

5.0 Policy

The Principal Investigator (PI) of a sponsored program project is responsible for all expenditure and programmatic activities related to his/her awarded project. The PI is expected to approve or authorize all expenditures for sponsored program project activities. The PI may delegate signature authority as indicated in the Sponsored Program Expenditures Authorization/Approval procedure. The applicable procedure is located on the Division of Research web site. All individuals who approve expenditures must have technical expertise and be knowledgeable of the sponsored project. Signature stamps are not valid for approving expenditures.

6.0 Responsibilities

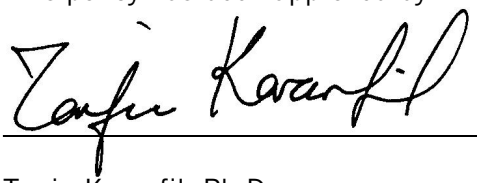
All individuals who approve expenditures must have technical expertise and be knowledgeable of the sponsored project.

7.0 Sanctions for Non-Compliance

Audit findings can result in loss of funding and additional fines and penalties and possibly the debarment and suspension of a PI or the University from accepting federal awards.

8.0 Approval Signatures

This policy has been approved by:



July 1, 2018

Tanju Karanfil, Ph.D.
Vice President for Research

DATE

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2018	001	Policy Reformat

Division of RESEARCH

POLICY ON TRANSFERRING A SPONSORED (FUND 20) PROJECT

Policy Number: 5.0.7 **Version Number:** 002
Classification: Post-Award Administration **Effective Date:** June 1, 2015
Responsible University Office: Vice President for Research

1.0 Purpose

The purpose of this policy is to assign certain prerequisites and responsibilities for transferring a sponsored (Fund 20) project from Clemson University to another entity.

2.0 Applicability

This policy applies to awards in which a Principal Investigator terminates from Clemson University and elects to transfer one or more sponsored project(s).

3.0 Government Rules and Regulations

There is not a specific government rule or regulation for transferring a sponsored project; however, federal agencies have different procedures and guidelines to follow.

4.0 Definitions

Transferring a sponsored project is a lengthy process that requires time, responsibility, and coordination among many people. The PI should start the process as soon as possible.

5.0 Policy

When a PI is terminating employment with Clemson University, the Administration has the option of transferring the project to a new entity, or appointing a new, qualified PI at Clemson University, or relinquishing the award back to the sponsor. The Vice President for Research (VPR) will make the final approval decision.

6.0 Responsibilities

The Principal Investigator (PI) or Department Administrator will notify the College Post Award Contact when a PI is terminating and is requesting a transfer of a sponsored project. The College Post Award Contact will coordinate the approval package and completing the Checklist for Principal Investigators Terminating from Clemson University or Going on Extended Leave and

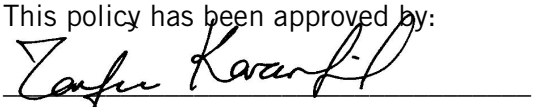
obtaining approvals from the PI, Department Chair, and Dean or Associate Dean for Research and send to the Grants and Contracts Administration Fiscal Manager who will obtain the VPR approval and submit the request to the sponsor.

7.0 Sanctions for Non-Compliance

If the policy and procedure is not followed, the transfer will take longer and may be disallowed.

8.0 Approval Signatures

This policy has been approved by:



Tanju Karanfil, Ph.D.
Vice President for Research

July 1, 2018
Date

REVISION HISTORY		
EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
July 1, 2017	003	Update Header and approval
July 1, 2018	004	Policy Reformat

POLICY FOR THE MANAGEMENT OF SPONSORED PROJECT BAD DEBT

Policy Number: 5.0.8
Version Number: 001
Classification: Post-Award
Effective Date: February 12, 2013
Responsible University Office: Grants and Contracts Administration

1.0 Purpose

All costs associated with sponsored projects are to be managed in accordance with the University's policies and procedures, the sponsored project agreement, and, if applicable, federal and/or state regulations.

The purpose of this policy is to establish a reserve for expenses associated with qualified sponsored projects if a sponsor is unable or unwilling to pay due to circumstances beyond the principal investigator's control.

2.0 Applicability

This policy applies to all Clemson University sponsored project (Fund 20) funding.

3.0 Government Rules and Regulations

NA

4.0 Definitions

Bad Debt – Sponsored project costs that a sponsor is unwilling or unable to pay due to circumstances beyond the principal investigator's control.

5.0 Policy

The Vice President for Research will establish and maintain a Sponsored Project Bad Debt Reserve Fund designed to cover two-thirds of a qualified project's bad debt. The principal investigator, department and college are responsible for the remaining one-third of qualified bad debt.

The Vice President for Research shall hold in reserve from the Research Initiative Account funds a maximum of $75,000 each year for qualified sponsored project bad debt. Each dean will establish a method to fund one-third of any qualified sponsored project bad debt that occurs within his or her college.

6.0 Responsibilities

Dean – Establish a method to fund one-third of qualified sponsored project bad debt.

Departments/Units – Fund unqualified sponsored project bad debt. Contribute to one-third of qualified bad debt as directed by college dean and/or Vice President for Research.

Executive Vice President for Finance and Operations – Fund qualified bad debt that results from system error.

Grants and Contracts Administration – Conduct a factual review and recommend a designation of qualified or unqualified bad debt to the Vice President for Research and effected dean.

Principal Investigator – Contribute to bad debt as directed by the Vice President of Research and college dean.

Vice President for Research – Establish and maintain Sponsored Project Bad Debt Reserve Fund and cover two-thirds of qualified bad debt.

7.0 Sanctions for Non-Compliance

For Fund 20 projects identified to have deficits applicable to this policy, failure by the department or college to provide its proportionate share of the debt will be referred to the Provost office for resolution.

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil — July 1, 2018

Tanju Karanfil
Vice President for Research

Date

REVISION HISTORY

EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
October 15, 2017	1	Clarification of language and reformat of policy; policy number modification

Division of RESEARCH

INDUSTRY SPONSORED RESEARCH ACCESS FEE DISTRIBUTION POLICY

Policy Number: 6.0.1
Version Number: 002
Classification: Technology Transfer and Commercialization
Effective Date: January 29, 2016
Responsible University Office: Office of Industry Contracts

1.0 Purpose

This Access Fee Distribution Policy is intended to create a strong incentive for participation in technology commercialization through industry sponsored research by sharing with principal investigators and co-investigators and with their colleges/units the Access Fee received from an industry sponsor for certain license options.

2.0 Applicability

Clemson University's current Industry Sponsored Research Agreement may allow the project sponsor the right to select from mutually exclusive license options if the project is funded exclusively by the private industry sponsor. One of the options is an option to license any Subject Invention under pre-set terms. Another option is an option to a license to be negotiated on a commercially reasonable basis after the invention or discovery is identified.

If the project sponsor selects the option to a license with pre-set terms, the project sponsor may pay an Access Fee in addition to the research project funding at the time of execution of the Research Agreement and therefore be entitled to pre-negotiated commercial license terms to practice any Subject Invention. If this option is selected, at the time an invention or discovery conceived or first reduced to practice in the performance of the research project is disclosed to the University, or its designee, the project sponsor and the University, or its designee, will execute the commercial license (the "License") with pre-set terms.

This Access Fee Distribution Policy applies when an Access Fee is received from an industry sponsor.

3.0 Government Rules and Regulations

N/A

4.0 Definitions

Access Fee means any non-refundable up-front fee paid by an industry research sponsor in addition to the research project funding at the time of execution of a Research Agreement that entitles the sponsor to an option to license any Subject Invention under pre-negotiated commercial license terms.

Investigator Research Funds are the portion of the Access Fee available to University investigators to be used for research and educational purposes consistent with applicable laws and University policies regarding use of funds. If an investigator leaves Clemson University, these funds are returned to the investigator's budget center. The Investigator Research Funds will be directed to the investigators' colleges/units to be distributed to the appropriate accounts in accordance with the percent credit

distribution on the electronic proposal submission for the project.

Subject Invention means any inventions or discoveries that are conceived or first reduced to practice in the performance of the industry sponsored research project.

5.0 Policy

The University, through the Office of Research, will distribute the Access Fee within sixty (60) days of receipt as follows:

Investigator Research Funds	60%
College/Unit*	20%
Office of Research	20%

* College/Unit share will be divided equally among the Colleges/Units of the University investigators named on the research award at the time of distribution. Each College/Unit will determine distribution to appropriate academic or research units.

Any additional fees received by University, or its designee, under the License will be distributed in accordance with the Clemson University Intellectual Property Policy.

6.0 Responsibilities

Office of Industry Contracts – negotiate Industry Sponsored Research Agreement with industry sponsor and notify Office of Research Business Office when Access Fee is negotiated under the agreement.

Office of Research Business Office – invoice industry sponsor for Access Fee, receive payment, and distribute the Access Fee received per this policy.

7.0 Sanctions for Non-Compliance

N/A

8.0 Approval Signatures

This policy has been approved by:

Tanju Karanfil
Vice President for Research

REVISION HISTORY

EFFECTIVE DATE	REVISION NUMBER	MODIFICATION
January 29, 2016	Version Number 001	Original Approved by R. Larry Dooley
August 2, 2017	Version Number 002	Reformatted and Approved by Tanju Karanfil

Division of RESEARCH

INTELLECTUAL PROPERTY POLICY

Policy Number: 6.0.2 **Version Number:** 001
Classification: Technology Transfer and Commercialization **Effective Date:** November 21, 2016
Responsible University Office: Clemson University Research Foundation (CURF)

1.0 Purpose

Introduction and Scope

1.1. Clemson University ("University") is a land-grant university and embraces the land-grant mission of research, teaching and public service. The University encourages research and scholarship and recognizes that inventions, discoveries, and creative works may arise from the scholarly activities of the University. The University promotes the use of such intellectual property for the public good and encourages development and commercialization of inventions, discoveries, and creative works through patenting or copyrighting.

1.2. The University may designate one or more commercialization agent(s) for the intellectual property of the University. To accomplish this, Clemson University shall assign to such agent(s) the rights, title, and interest to certain intellectual property created, invented, or discovered by University faculty, staff, students, and others for the purpose of evaluation, filing for appropriate legal protection, marketing, and development.

1.3. Faculty and staff governance and review, through the Intellectual Property Committee (IPC), will play a primary role in setting and revising University intellectual property policies and processes. The IPC shall recommend changes or revisions to this policy to the Senior Vice President for Research, Scholarship and Creative Endeavors (SVPR).

1.4. All rights in intellectual property subject to this policy shall be allocated in accordance with this policy and other University policies. The Appendices to this policy provide additional information and serve to implement and may further define the policy.

2.0 Scope

2.1. This intellectual property policy applies to:

2.1.1. All persons employed by, paid by, or under contract with Clemson University, unless expressly exempted by contract, including, but not limited to, full and part-time faculty and staff and visiting faculty members and researchers, consultants, and students.

2.1.2. Students working on sponsored projects and/or who use Clemson University resources other than for lecture-based coursework or other course-related assignments.

2.1.3. Anyone using the Facilities or Resources of the University, as defined in in this policy, or the facilities of any entity affiliated with theUniversity for the purposes or in the manner described in this policy.

2.2. Types of Intellectual Property Subject to this Policy

2.2.1. Except as set forth in other related University policies, this policy applies to all types of intellectual property, including, but not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological development, mask work, trademark, research data, work of authorship, and computer software regardless of whether subject to protection under patent, trademark copyright, or other laws.

2.2. Types of Intellectual Property Subject to this Policy

2.2.1. Except as set forth in other related University policies, this policy applies to all types of intellectual property, including, but not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological development, mask work, trademark, research data, work of authorship, and computer software regardless of whether subject to protection under patent, trademark copyright, or other laws.

3.0 Policy Statement

3.1. Determination of Ownership Rights in Intellectual Property

3.1.1. Unless provided for otherwise in this policy, the University retains all rights to any intellectual property conceived, created, developed, fixed, or first actually reduced to practice by a Creator.

3.1.1.1. Clemson University, however, recognizes the long standing academic tradition that faculty own the copyright to academic, scholarly and educational works resulting from their research, teaching, and writing (collectively called "Scholarly Academic Works" as further defined in this policy). Further, ownership of copyright is often critical to innovation and creativity.

3.1.1.2. Work for Hire (non-faculty): The University is the owner of the copyright and retains all rights therein when an employee creates a work that is a work-for-hire (as defined by the U.S. Copyright Law) except where that employee is a faculty member.

3.1.2. When the creator of a Scholarly Academic Work is a faculty member, ownership of the copyright in that work and all rights therein are retained by the faculty member, ownership of the copyright in that work and all rights therein are retained by the faculty member except in the following situations:

3.1.2.1. The work is supported by a direct allocation of funds through the University for the pursuit of a specific project, or

3.1.2.2. The work is a Commissioned Work by the University, or

3.1.2.3. The Creator of the work makes Substation Use of University Resources or personnel (as defined in this policy), or

3.1.2.4. The work is otherwise subject to contractual obligations involving the University.

3.1.3. Prior to the production and distribution of Scholarly Academic Works, the Creator(s) shall enter into an agreement with the University regarding the disposition of the material to be developed, including delineating ownership and rights of use, unless obviated or otherwise prohibited by the contractual obligations referenced in this policy.

3.1.4. Examples of arrangements

3.1.4.1. For a situation that specifies university ownership and commercialization of the work through the University's commercialization agent, the agreement should employ the same general principles that are applicable to patents, specifying a share of net income to the Creator based on sales.

3.1.4.2. For situations such as when the development of educational materials are to be broadly distributed by the university and revenues are generated, then compensation through the redistribution of funds should be mutually agreed upon in advance by the Creator(s) and the units involved. Examples include:

3.1.4.2.1. Online certificate programs where Professional Development Program (PDP) fees are charged.

3.1.4.2.2. Online courses open to students not currently enrolled at the University.

3.1.4.2.3. Videos of recorded lectures or other Creator content.

3.1.5. Research data or results created by an employee are owned by the University and, except to the extent that rights to such research data have not been contractually assigned or licensed to a third party, the Creator shall have a nonexclusive, perpetual license to use such data for nonprofit educational research and scholarly purposes within the scope of the employee's employment, subject to other provisions of this policy. Inventorship shall be determined in accordance with United States Patent Law.

3.1.6. Notwithstanding anything to the contrary herein, the University is granted a limited royalty free perpetual and irrevocable non-exclusive license to use the Scholarly Academic Works to the extent needed for

(1) regular University business such as accreditation; course review and curriculum committees; tenure, promotion, and review; and the handling of grievances; and

(2) the provision of educational content in a University course by the Creator (for the avoidance of doubt, the intent of this clause is to confirm that no royalty will be due to the Creator by the University for the Creator's use of their Scholarly Academic Works in the performance of the Creator's educational duties for the University).

3.1.7. Software and Mask Works to the extent they are protected by copyright are owned by the University and treated as results of research under (i) above excepting for the software that is an integral part of a Scholarly Academic Work (e.g. html code that is part of an online course) which shall be treated as part of the Scholarly Academic Work.

3.1.8. Student Ownership Exception

3.1.8.1. Students who author or create copyrighted works which are submitted to meet course requirements own the copyrights in such works, even if they have been created using University facilities.

3.1.8.1.1. The course instructor may not utilize or distribute student-owned copyrighted works for purposes beyond those of the course in which they are submitted without obtaining the written permission of the student.

3.1.8.1.2. If intellectual property is developed or generated as a group class project, joint ownership by the collaborators will be assumed unless a prior written agreement exists among the collaborators.

3.1.8.1.3. Student Creators do not hold the rights to intellectual property created, developed, or generated:

3.1.8.1.3.1. In the course of rendering compensated services to the University; or

3.1.8.1.3.2. As part of sponsored research or projects; or

3.1.8.1.3.3. Pursuant to an agreement that requires the University and/or student to assign his or her rights either to the University or to a third party; or

3.1.8.1.3.4. Using pre-existing or background intellectual property belonging to the University or to a third party with whom the University has a contract under which such background intellectual property rights are already allocated.

3.1.9. Unless one or more of subparts listed above applies, students own the copyrights in their theses and dissertations.

3.1.10. There may be instances when University faculty, staff, students, and/or others enter into written agreements with the University to collaborate in the development of intellectual property.

3.1.11. These agreements may provide for allocation of intellectual property rights in a manner that is not consistent with this policy.

3.1.11.1. Each such agreement shall be valid only when approved by the SVPR after review by the IPC.

3.1.11.2. While each agreement may contain unique provisions, all such agreements must require disclosure of any intellectual property in accordance with the terms of this Policy.

3.2. Use of Faciliites and Resources

3.2.1. Unless authorized or allowed under University policy, the University Facilities and resources shall not be used to:

3.2.1.1. Create, develop, or commercialize intellectual property outside the course and scope of employment and/or University related-responsibilities of the individual: or

3.1.1.2. To further develop or commercialize intellectual properties that have been licensed, released, or are otherwise subject to third party interests except as approved by the SVPR in instances where the University has retained an interest under the terms of the license or release.

3.3. Applicable Laws

3.3.1. The provisions of this policy are subject to any applicable laws and regulations.

3.3.2. Grants or contracts between external sponsors and the University under which intellectual property is produced may contain specific provisions with respect to disposition of rights to such property that may differ from those contained in this policy.

3.3.3. Under the terms of certain contracts and agreements between the Unviersity and various agencies of government, private and public corporations, and private interests, the University may be required to license patent rights to the contracting party.

3.3.4. The University retains the right to enter into such agreements whenever such agreements whenver such action is considered to be both in its best interest and in the public interest.

3.4. Publication

3.4.1. Faculty, staff, students, and others may contract with third parties to publish their own research results and other scholarly information unless there are contractually imposed restrictions or temproary restrictions imposed to protect intellectual property that may be the subject of an application for intellectual property protection.

3.5. Disclosure of Intellectual Property

3.5.1. All Creators have a duty to promptly disclose any intellectual property authored, invented, created, discovered, developed, or generated by Creator(s) to the IPC in accordance with the procedures in Appendix III.

3.6. Assignment of Intellectual Property

3.6.1. If any intellectual property is deteremined, in accordance with this policy, to be owned by Clemson University, the University may, as its sole discretion, assign all rights, title, and interests to one or more designated comercialization agents.

3.6.2. Faculty, staff, students, and others may not assign or license intellectual property owned by the University without the written consent of the University or its designated commercialization agent(s), as applicable.

3.6.2.1. The University has the ultimate right to resolve any conflicts relating to ownership of intellectual property rights arising in connection with contracts between the University and third parties or organizations.

3.6.3. In the event that faculty, staff, students, or others are Creators of intellectual property owned by an external entity and the intellectual property does not fall within the scope of this Policy, (e.g., it is not the subject of an agreement between the external entity and the University/its designated commercialization agent(s)) this policy will not apply.

3.6.3.1. Neither the University nor its designated commercialization agent(s) will have any obligations with regard to negotiation of terms and conditions, patenting, licensing, or royalty distribution.

3.6.4. When using outside consultants/independent contractors to perform work for the University that is not specifically identified in a sponsored research or other contract, there must be a written agreement established through procurement or other University policies/mechanisms ensuring proper assignment of intellectual property.

3.6.5. Any special cases and unique situations relating to intellectual property and not specifically covered by this policy or any other University policy, or which arise because of conflict(s) of interest, shall be brought to the IPC and an appropriate recommendation submitted by it to the University Administration.

3.7. Appeal Process

3.7.1. A Creator may appeal a decision or determination made pursuant to this policy by submitting an appeal in writing to the IPC within thirty (30) days of receiving notice of the decision or determination.

3.7.2. The IPC shall review the appeal and make a recommendation to the SVPR who will render a decision in writing within 30 days of receiving the recommendation from the Committee.

3.8. Infringements

3.8.1. Faculty, staff, and students should notify the University Office of Technology Transfer of any potential infringement of protected University intellectual property.

3.9. University Holiday Periods

3.9.1. During the summer sessions and extended University holiday periods, the IPC Chair will have the authority to:

3.9.1.1. Expedite the review of intellectual property disclosures deemed time critical, in terms of negotiations with prospective licensees, meeting filing deadlines, and the like;

3.9.1.2. initiate negotiations with prospective licensees for patent filing/processing fees or the like; and

3.9.1.3. such other activities that are time critical and cannot be delayed for handling at a regular or special called meeting of the committee.