

CLEMSON UNIVERSITY

Sponsored Programs Internal Processing Form

SUPPLEMENT #1
(Duplicate as needed)

OSP PPN:

ADDITIONAL CO-INVESTIGATORS			
Full Name - Last Name First	CUBS Assigned Dept. No.	CU User Name / Employee ID No.	% Credit to Project (Must Total 100%)

ADDITIONAL CERTIFICATIONS AND APPROVAL SIGNATURES

Institutional Compliance: The undersigned certify that:

- (1) the information submitted within the application is true, complete and accurate to the best of the principal investigator's (PI) knowledge;
- (2) any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties of local, state, and federal statutes;
- (3) the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Financial Disclosure: The undersigned certify that they have read, understand, and are bound by Clemson University's **Financial Disclosure Policy**, that they have made all financial disclosures required by it, if any, and will comply with any conditions or restrictions imposed by the institution to manage, reduce, or eliminate actual or potential **conflicts of interest**.

Intellectual Property: The undersigned certify that they have read, understand, and are bound by Clemson University's Intellectual Property Policy, agree to assign **and do hereby assign**, all rights, title, and interest in intellectual property under such policy to Clemson University, and to execute such further documents needed to perfect the assignment of such rights. All investigators agree to disclose, and to cause other project personnel to disclose, all **intellectual property** to the University's Intellectual Property Committee within 60 days of discovery or the time of confidential submission for publication of manuscripts disclosing the invention, whichever is earlier. Failure to make timely disclosure to the committee may lead to the loss of patent rights to the federal government on federal government contracts or to other parties.

Cost Accounting Standards: The PI certifies that the proposal budget complies with Clemson University's Federal Cost Accounting Standards Policy.

ASD*	Print / Type Name	Signature	Date
<input type="checkbox"/>	Co-Investigator		
<input type="checkbox"/>	Dept. Chair / Director (as required by College)		
<input type="checkbox"/>	Dean or Other Official		
<input type="checkbox"/>	Co-Investigator		
<input type="checkbox"/>	Dept. Chair / Director (as required by College)		
<input type="checkbox"/>	Dean or Other Official		
<input type="checkbox"/>	Co-Investigators		
<input type="checkbox"/>	Dept. Chair / Director (as required by College)		
<input type="checkbox"/>	Dean or Other Official		
<input type="checkbox"/>	Co-Investigators		
<input type="checkbox"/>	Dept. Chair / Director (as required by College)		
<input type="checkbox"/>	Dean or Other Official		

* ASD - Alternate Signature Designee - For expenditure approval in the absence of the PI. Check only one.