



Division of RESEARCH

Catalyst Award Form

Budget Amendment No. ** _____

Department No. * _____

Fiscal Year of Receipt FY * _____ Amount \$* _____ P.I. Name _____

Brief Description of Use * _____

Source * _____

- Emphasis Area: Advanced Materials Human Resilience
 Cyber-Infrastructure & Big Data Health Innovation
 Science Energy, Transportation and Advanced Manufacturing Sustainable Environment
 Other

Deposit Account Number 19-000-4904-_____-245-198_____
Check appropriate number

Certification

The undersigned certify that they have read, understand, and are bound by Clemson University's conflict of interest and 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. In addition, the undersigned certify that they have read, understand, and are bound by Clemson University's patent policy and computer software copyright policy, and agree to assign all rights, title, and interest in intellectual property under such policies to Clemson University and to execute such further documents as needed to perfect the assignment of such rights. All faculty members agree to disclose, and to cause other project personnel to disclose, all intellectual property to the University Intellectual Property Committee. Disclosure to the Committee shall be 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. The faculty member responsible for the SRR activity certifies that compliance issues related to human subjects, animal care, biosafety, chemical hazards, radiation safety, controlled substances and recombinant DNA have been appropriately addressed. *The responsible person for the SRR activity certifies that all pertinent documentation and correspondence has been provided herein for proper review.*

Project/grant fiscal oversight _____ Date _____

PI approval _____ Date _____

College Review _____ Date _____

VPR Office Review _____ Date _____

* To be completed by submitting department/budget center
** To be completed by Office of VP for Research