



**Office of Research and Sponsored Programs
Additional Investigator Form**

Revision Effective Date:
04/01/2022

Investigators may use this supplemental Internal Proposal Approval Form to provide information on additional UL Lafayette employees.

PROPOSAL ID _____

Include information about UL Lafayette employees only . Use Additional Investigator Attachment Form if more space is needed. Also, it is important to note: <ul style="list-style-type: none"> • Project Credit is used to track activity for the project personnel, depts., centers, etc. listed here • UL Lafayette Cost Share should only reflect agency required cost share, not voluntary cost share • Summer Effort cannot exceed 3 months; NSF restricts to 2 months total on all NSF awards 					Academic Year <i>(9-month employees)</i>	Summer Effort <i>(9-month employees)</i>	
					Calendar Year <i>(12-month employees)</i>		
Person/Department	Employee Type	Role in Project	Project Credit <i>(Column must total 100%)</i>	If funded, will project impact teaching load or other work duties? If so, how?	Charged to Sponsor <i>(as a % of time)</i>	UL Lafayette Cost Share <i>(as a % of time)</i>	Charged to Sponsor <i>(# of Months)</i>
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>if yes, how:</i>	%	%	
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>if yes, how:</i>	%	%	
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>if yes, how:</i>	%	%	
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>if yes, how:</i>	%	%	

CERTIFICATIONS, ACKNOWLEDGEMENTS & APPROVALS

Those listed as PI & co-PIs in the Project Personnel section of this form should sign below. Use [Additional Investigator Attachment Form](#) if needed.

INVESTIGATOR CERTIFICATIONS - My signature below certifies:

- 1) The information contained on this form and the corresponding proposal is true, complete and provides an accurate representation of this project and needed resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
- 2) If the project is funded, I will accept responsibility for the conduct and management of the project and will administer the project in accordance with the terms and conditions of the grant or contract, including the fulfillment of reporting requirements indicated by the funding agency.
- 3) I will abide by all relevant university policies, including its research policies, conflict of interest and research integrity policies, intellectual property and copyright policies, and Drug-Free Workplace policy.

DEPARTMENT CHAIRS, DIRECTORS, AND DEANS: I certify that the project is consistent with the department/unit/college and university mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.

_____ Investigator	_____ Date	_____ Department Head / Director	_____ Date	_____ Dean / Administrative Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head / Director	_____ Date	_____ Dean / Administrative Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head / Director	_____ Date	_____ Dean / Administrative Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head / Director	_____ Date	_____ Dean / Administrative Head	_____ Date