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| Horizontal_Logo | **Office of Research and Sponsored Programs**  **Additional Project Personnel Form** | Revision Effective Date: 8/20/2014  **PROPOSAL ID**\_\_\_\_\_\_\_\_\_\_ |

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| It is important to note**:**   * ***Project Credit*** *will impact IDC Return distribution and College/Department activity credit.* * ***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**  *(9 month employees)*  **Calendar Year**  *(12 month employees)* | | **Summer Effort**  (9 month employees) | |
| **Person/Department** | | **Employee Type** | **Role in Project** | **Project Credit**  *(Column must total 100%)* | If funded, will project impact teaching load or other work duties?  If so, how? | **Charged to Sponsor**  *(as a % of time)* | **UL Lafayette Cost Share**  *(as a % of time)* | **Charged to Sponsor**  *(in # of Months)* |
| **Name:**  **Dept:** | | 9 mon.  12 mon. | PI  Co-PI  Other | % | No Yes *If yes, how:* | % | % |  |
| **Name:**  **Dept:** | | 9 mon.  12 mon. | PI  Co-PI  Other | % | No Yes *If yes, how:* | % | % |  |
| **Name:**  **Dept:** | | 9 mon.  12 mon. | PI  Co-PI  Other | % | No Yes *If yes, how:* | % | % |  |
| **Name:**  **Dept:** | | 9 mon.  12 mon. | PI  Co-PI  Other | % | No Yes *If yes, how:* | % | % |  |
| **Name:**  **Dept:** | | 9 mon.  12 mon. | PI  Co-PI  Other | % | No Yes *If yes, how:* | % | % |  |

**INVESTIGATOR CERTIFICATIONS:** My signature below certifies that:

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. The submission of this form without an accompanying Cost Share/Matching Funds Approval Form indicates that all necessary resources are included in the proposal and supporting documents and that I do not expect the University to share in any additional expenses.
3. If the project is funded, I will accept responsibility for the scientific conduct 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, and that I will abide by all relevant university policies, including its research policies, conflict of interest & research integrity policies, intellectual property and copyright policies, and Drug Free Workplace policy.
4. I am not delinquent on any Federal debt (taxes, student loans, etc.).
5. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.
6. I have not and will not lobby any Federal agency on behalf of this award.
7. Any and all financial interests and relationships to any entity involved or connected with this project have been disclosed as required by university policy.
8. I agree to the indicated split of project credit.

**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.

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| *Investigator* | *Date* |  | *Department Head/Director* | *Date* |  | *Dean/Administrative Head* | *Date* |
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| *Investigator* | *Date* |  | *Department Head/Director* | *Date* |  | *Dean/Administrative Head* | *Date* |
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| *Investigator* | *Date* |  | *Department Head/Director* | *Date* |  | *Dean/Administrative Head* | *Date* |
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| *Investigator* | *Date* |  | *Department Head/Director* | *Date* |  | *Dean/Administrative Head* | *Date* |
|  |  |  |  |  |  |  |  |
| *Investigator* | *Date* |  | *Department Head/Director* | *Date* |  | *Dean/Administrative Head* | *Date* |
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