



Office of Research and Sponsored Programs Additional Investigator Form

Revision Effective Date:
12/05/2025

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: • 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 (9-month employees)		Summer Effort (9-month employees)
					Calendar Year (12-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 (# of Months)
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 if yes, how:	%	%	
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 if yes, how:	%	%	
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 if yes, how:	%	%	
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 if yes, how:	%	%	

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 in this form and the corresponding proposal is true, complete, and accurate to the best of my knowledge, and accurately represents the project and required resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties under applicable federal and state laws.
- 2) If the project is funded, I will accept responsibility for its conduct, management, and compliance with the award terms and conditions, the Federal Uniform Guidance (2 CFR Part 200), and all university, state, federal, and sponsor guidelines, procedures, and policies, including but not limited to meeting timelines, accomplishing all technical goals and objectives, adhering to the budget and period of performance, ensuring time and effort reporting of all researchers and students involved in the project, and completing all reports and closeout requirements.
- 3) I will comply with all applicable university policies, including those on research integrity, conflict of interest, intellectual property, data management, Drug-Free Workplace, and non-discrimination. Where applicable, I will establish procedures to ensure compliance with special circumstances including but not limited to confidentiality and data security.
- 4) If the project involves a subrecipient, I will verify subrecipients are eligible and qualified to perform the work, monitor all subrecipient activity, ensure completion of their deliverables, and approve all invoices received from the subrecipient.
- 5) I recognize that sponsored projects are a public trust and will uphold stewardship, transparency, and accountability.

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
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