### CLEMSON UNIVERSITY

**Sponsored Programs Internal Processing Form**

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**Date for Return to PI:**

**Name/phone for proposal pick-up:**

The Office for Sponsored Programs is committed to providing prompt proposal review. However, due to increased federal compliance requirements, proposals cannot be processed if all issues listed on the following page are not properly addressed prior to submission. All requested supporting attachments must be included with the proposal.

**OSP Number:**

Office for Sponsored Programs

864.656.2424

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**PRINCIPAL INVESTIGATOR/CO-INVESTIGATORS - LAST NAME FIRST**

<table>
<thead>
<tr>
<th>Principal Investigator/Co-Investigators</th>
<th>Department Number</th>
<th>University I.D. (email)</th>
<th>Credit to Project (Must Total 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List Principal Investigator First)</td>
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**IF APPLICABLE:** unit number of Center/Institute affiliated with or responsible for project — Center Director signature required on reverse.

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**TITLE**

**PERIOD COVERED (mm/dd/yy)** From: _________________ To: _________________

**FUNDING AGENCY**

**Sponsor Type:**

- [ ] Federal
- [ ] Federal thru SC State Agency
- [ ] State of South Carolina
- [ ] Industry
- [ ] Foundation
- [ ] Other

**Classification:**

- [ ] Instruction
- [ ] Research
- [ ] Public Service
- [ ] Regulatory
- [ ] Other

**OSP USE:**

**Submission Type:**

- [ ] New
- [ ] Change, provide project # or proposal #

---

**REQUESTED FUNDS**

<table>
<thead>
<tr>
<th>Direct Costs ($)</th>
<th>F&amp;A (Indirect) Costs ($)</th>
<th>TOTAL</th>
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**Amount to Subcontract (if applicable)**

**Amount Cost Sharing (if applicable)**

Documentation from subcontractor required.

If cost sharing is proposed, a fully approved Cost Share Agreement (OSP-1) must be attached.

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**COLLEGE USE (IF REQUIRED)**

- [ ] Overnight: Complete address, fax # or special instructions
- [ ] Certified
- [ ] Fax
- [ ] Return to PI

In

Out

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**SPONSORED PROGRAMS USE ONLY**

**Sponsor Restricted Indirect Cost Rate**

- [ ] F&A (I.C.) rate allowed by sponsor
- [ ] $ Unrecovered F&A (I.C.)
- [ ] Indirect on Associated Direct Cost Shared ($)

**Date In**

**Date Out**

**CFDA**

**Staff Use (Grants Coordinator Initial)**

**Sponsor Code**

**OSP-1**

Rev. Feb 2001
Does this project utilize VP-PSA Funding Support?  

Yes No

Does this project support K-12 teacher preparation/professional development/applied research?  

Yes No

Did the Clemson University Development Office assist in this proposal?  

Yes No

Does project require submission through CURF (Clemson University Research Foundation)? IF YES, contact OSP @ 656-2424

Yes No

Does sponsor's policy (federal or non-profit only) prohibit indirect costs? IF YES, attach copy of policy.

Yes No

Does sponsor's policy require mandatory cost sharing or matching funds? IF YES, attach copy of policy.

Yes No

Is proposal responding to a Request for Proposal (RFP) or program announcement? IF YES, attach copy.

Yes No

Does project require foreign travel or employment? IF YES, contact Human Resources (employment); Comptroller (travel)

Yes No

Does project involve federal classified, ITAR, or export controlled information? IF YES, contact Facilities Security Officer @ 656-2424

Yes No

Is project likely to involve publication restrictions? IF YES, circle: BY SPONSOR BY CLEMSON

Yes No

Does project involve confidential information or trade secrets? IF YES, circle: OF SPONSOR OF CLEMSON

Yes No

Does project have intellectual property (patents) potential? IF YES, contact Tech Transfer Office @ 656-4237

Yes No

Does project involve permanent improvements, modifications or new facilities? If YES, project requires $_________, for facilities alterations, reconversion, or construction. Include justification and FM&O cost estimate.

Yes No

### COMPLIANCE DATA

<table>
<thead>
<tr>
<th>Protocol Number</th>
<th>Approval Date</th>
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<tr>
<td>HUMAN SUBJECTS</td>
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<td>BIOHAZARD/CHEMICAL</td>
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<td>RECOMBINANT DNA</td>
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My signature certifies my awareness that, (1) a copy of this proposal is being provided to the appropriate Clemson University compliance committee by the Office of Sponsored Programs; (2) a Clemson University-approved active protocol is required prior to initiation of activities outlined in this proposal; (3) Clemson University's compliance committee(s) must approve protocols for external performers and/or off-site activities, i.e., GHS. (4) I must complete all training & education programs required by NIH and/or other funding agencies prior to performing research compliance activities.

### ADDITIONAL CERTIFICATIONS AND APPROVAL SIGNATURES

**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 patent policy and computer software copyright policy, 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 investigators agree to disclose, and to cause other project personnel to disclose, all INTELLECTUAL PROPERTY to the University 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 principal investigator certifies that the proposed budget complies with Clemson University's federal cost accounting standards policy.

### PRINCIPAL INVESTIGATOR

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* Signature represents that sufficient facilities are available for project performance.
**ADDITIONAL CO-INVESTIGATORS - LAST NAME FIRST**

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| Dept Head/Director/Chair (as required by College) |      |
| Dean or School Official |      |

| CO-INVESTIGATOR |      |
| Dept Head/Director/Chair (as required by College) |      |
| Dean or School Official |      |

**NOTE:** Only one signature for each Dean, Department Head, Director or Chair necessary for multiple co-investigators under their supervision.