

ADDITIONAL CO-PI / CO-INVESTIGATOR ADDENDUM FORM

WFU ID Number: _____

This approval form should be used when multiple Reynolda campus investigators are committing/will commit effort to a project to ensure the department or college is aware of all the requirements of the project and is committed to providing them.

By signing this form, the Co-PI / Co-Investigator certifies that to the best of his/her knowledge:

1. The information contained on this form and the corresponding proposal/report is accurate and complete.
2. He/she is responsible for compliance with awards terms and university policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management.
3. The proposal/report and other corresponding information do not contain any false, fictitious, or fraudulent statements or claims. Making such statements or claims may result in criminal, civil, or administrative penalties.
4. He/she has not engaged in lobbying activities (activities to influence legislation) on behalf of this project or any other project or application.
5. He/she is neither debarred nor suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency.
6. He/she is not delinquent in federal debt, such as taxes, student loans, etc.
7. He/she has no significant financial interests related to this proposal/project, and there are no material changes to the information described in his/her annual Conflicts of Interest Disclosure. <http://www.wfu.edu/RSP/pdf/ReynoldaCOI.pdf>
8. He/she understands that WFU has a patent policy and agrees to abide by it. <http://www.wfubmc.edu/research/tech/policynew.html>

Co-PI / Co-Investigator: Department or School:

Signature: _____ Date: _____

Department Chair/Director: _____ Date: _____

Department Chair/Director:* _____ Date: _____

Co-PI / Co-Investigator: Department or School:

Signature: _____ Date: _____

Department Chair/Director: _____ Date: _____

Department Chair/Director:* _____ Date: _____

Co-PI / Co-Investigator: Department or School:

Signature: _____ Date: _____

Department Chair/Director: _____ Date: _____

Department Chair/Director:* _____ Date: _____

Co-PI / Co-Investigator: Department or School:

Signature: _____ Date: _____

Department Chair/Director: _____ Date: _____

Department Chair/Director:* _____ Date: _____

*second chair signature line for investigators with appointments in two departments