

Certificate of Proposal (COP) Continuation Page

The University of Texas Health Science Center at San Antonio
Office of Sponsored Programs (OSP)
210-567-2340 / grants@uthscsa.edu

Complete this page as needed for additional participating investigators that will commit effort to the proposed project. This continuation page should be included in the completed Certificate of Proposal for submission to the Office of Sponsored Programs (OSP).

Project Title: _____

Principal Investigator/Project Director: _____

Investigator(s) Information

INVESTIGATOR(S) CERTIFICATION: My signature below certifies that (1) I am not delinquent on any federal debt; (2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (3) I have not and will not lobby any federal agency on behalf of this award; (4) The information submitted within the application is true, complete, and accurate to the best of my knowledge; (5) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (6) I agree to accept responsibility for the scientific conduct of the project; and (7) I will be responsible for meeting the requirements of the award, including, but not limited to providing the proper stewardship of sponsored funds, submitting all required technical progress reports on a timely basis, properly disclosing all inventions to the Office of Technology Transfer and Commercialization, and adhering to all federal compliance requirements.

Participating Investigator: _____			Employee ID #: _____
Department: _____			School _____
Phone #: _____			Annual Committed Effort on Project: _____ %
Center/Institute Affiliation(s):			VA Appointment with compensation:
Barshop	CTRC	CHA	_____
GCCRI	IIMS	RII	_____
(signature)			

Participating Investigator: _____			Employee ID #: _____
Department: _____			School _____
Phone #: _____			Annual Committed Effort on Project: _____ %
Center/Institute Affiliation(s):			VA Appointment with compensation:
Barshop	CTRC	CHA	_____
GCCRI	IIMS	RII	_____
(signature)			

Participating Investigator: _____			Employee ID #: _____
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Barshop	CTRC	CHA	_____
GCCRI	IIMS	RII	_____
(signature)			

Participating Investigator: _____			Employee ID #: _____
Department: _____			School _____
Phone #: _____			Annual Committed Effort on Project: _____ %
Center/Institute Affiliation(s):			VA Appointment with compensation:
Barshop	CTRC	CHA	_____
GCCRI	IIMS	RII	_____
(signature)			