

Office for Research & Sponsored Projects Administration

*Investigator and/or Allocation Changes*

Revised 4/23/2015

Project Title

Principal/Lead Investigator First Name	Principal/Lead Investigator Last Name
RA Name and Extension	Sponsor

**A. INVESTIGATORS & ALLOCATIONS**

Check All That Apply:  Original  Revision – Add investigator(s)  Revision – Remove Investigator(s)  Revision – Revise Allocation as Indicated

Revision Justification:

First Name	Last Name	Department	Unit Code	ABOR Ctr./Institute	% Rec.*	%RID*	%IIA*
<b>Totals:</b>							

\*Total for all Investigators, including the lead PI and all additional investigators (from the additional investigators form, if applicable) must equal 100%.

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**B. FINANCIAL / LEAD UNIT AND ADDITIONAL APPROVALS (chair, dean, director and other approvals)**

Approval is recorded in Post-Award SharePoint and certifies that I have reviewed this proposal and all accompanying forms. The department, program, college and/or unit is aware of all requirements of this project and is committed to providing them, and agrees with any allocation of recognition, RID, and/or IIA except as noted.

**C. FINANCIAL DISCLOSURE**

For each investigator check one option only. Each investigator responsible for the design, conduct or performance of a sponsored project, as described in this proposal, must have a current Annual Objectivity in Research Questionnaire on file with the Office for Research Integrity and Assurance.

I confirm that I will comply with RSP 206 and ACD 204-08 and I certify that:

- A.** No significant financial interests related to this proposal exist and there are no material changes to the information described in my annual disclosure.
- B.** A financial conflict of interest related to this proposal exists and is disclosed on the Investigator's Disclosure of Financial Interest which has been submitted separately. I understand that no funds can be expended if an award is made as a result of this proposal until all identified conflicts have been institutionally managed or eliminated.
- C.** I am a PHS investigator and have completed my annual questionnaire and submitted a notification of financial interest if necessary.

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

A  B  C PI Name \_\_\_\_\_

**Route this form through [PostAward ChangesSharePoint](#) for signatures. For additional information on routing and processing this form, see the [PostAward Changes SharePoint Guide](#).**