**Request for Change in Key Personnel**

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| --- | --- |
| **Date:**  |  |
| **Award Principal Investigator’s Name:** |  |
| **Department/Center** |  |
| **RAMSeS Proposal /Award Number:** |  |
| **Project Title:** |  |
| **Sponsoring Agency:** |  |
|  |  |
| ADD Key Personnel (Select Role) | **First Name** | **Last Name** | **Email Address** |
| Choose an item. |  |  |  |
|  |  |  |  |
|  |
| REMOVE Key Personnel (Select Role) | First Name | Last Name | Email Address |
| Choose an item. |  |  |  |
|  |  |  |  |
|  |
| **Effective Date:** |  |
| Reason/Justification for Change in **Key Personnel On Sponsored Project:** |  |
| Add Key Personnel Allocation of Credit (RAMSeS) / Name:  |
| **Sponsored Effort %** | **Cost Shared Effort %** | **% Effort Total** | **Cal Months** | **Allocation of Credit %** | **Course Reduction** | **Summer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Remove Key Personnel Allocation of Credit (RAMSeS) / Name:  |
| **Sponsored Effort %** | **Cost Shared Effort %** | **% Effort Total** | **Cal Months** | **Allocation of Credit %** | **Course Reduction** | **Summer** |
|  |  |  |  |  |  |  |
|  |  |

|  |  |
| --- | --- |
| **Are Human Subjects Involved**:  | **Yes** [ ]  **No** [ ]  |
| Protocol #: |  |
| If Yes, please contact the IRB Compliance Officer (x1569) regarding change in Key Personnel role in study to determine appropriate modification of protocol.  |
| **Is there a Conflict of Interest:**   | **Yes** [ ]  **No** [ ]  |
| Does a conflict of interest exist between new Key Personnel and the Sponsor? If Yes, please contact the OSRP Compliance Officer (x1569). |

**Request for Change in Key Personnel (Continued)**

**New Key Personnel Assurances:**

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| I have reviewed the original Internal Process Form (IPF) and am aware and agree to the responsibility of all compliance issues identified on the IPF.  |
| I certify that the information provided on the IPF is complete and accurate to the best of my knowledge and that I’m aware that any false, fictitious, or fraudulent statements may subject me to criminal, civil, or administrative penalties.  |
| I will administer the project in accordance with the requirements of the award as well as all applicable Fayetteville State University policies and procedures. Further, I will accept responsibility for the scientific and technical conduct of the project including the submission of required progress or technical reports. |

|  |  |
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| **New Key Personnel:** |  |
|  | Signature Date |
| **Dean:** |  |
|  | Signature Date |
| **Chair:** |  |
|  | Signature Date |
| **Provost:** |  |
|   | Signature Date  |

The purpose of this form is to ensure compliance with federal, state, and local regulations on sponsored program activity. In many cases, a change of Key Personnel requires the approval of FSU and the agency providing funding. Completion of this form DOES NOT indicate approval from the sponsoring agency. Please contact the Office of Sponsored Research and Programs to confirm sponsor approval of Key Personnel change.

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| cc:  | Director of Sponsored Research and Programs |
|  | Associate Vice Chancellor for Business and Finance  |
|  | Provost and Vice Chancellor for Academic Affairs |
|  | Deans of all Departments |
|  | Contracts and Grants Manager |
|  | Vice Chancellors (If Applicable) |