

NIH Principal Investigator Assurance Certification Form

This form is designed to comply with the requirements of NIH Notice NOT-OD-06-054, issued April 7, 2006:
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>.

The National Institutes of Health (NIH) requires that the applicant organization secure and retain a **written assurance from the Principal Investigator (PI) prior to submitting an application, progress report, and prior approval request**. NIH also requires that when multiple PIs are proposed in an application, this assurance must be retained for **all named PIs**.

This form must be signed and submitted to the Research Policy Analysis & Coordination Office with all NIH applications. In addition, the PI(s) must complete and sign this from when submitting progress reports and prior approval requests. NIH requires that UC retain original signatures. The PI is the office of record maintaining original signatures for the purpose of this form. (Multiple copies of this form may be submitted with the application if necessary or more convenient.)

Project Title:	
Action Type: <div style="margin-left: 40px;">Application</div> <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Annual Progress Report Provide NIH Award Number: </div> <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Prior Approval Request Provide NIH Award Number: </div>	
By signing below, I certify that: (1) the information submitted within the action type above is true, complete and accurate to the best of the my knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) the I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports as applicable.	
Principal Investigator (PI) (typed name):	
Signature:	
Date:	

Multiple Principal Investigator Assurance:		
Named Principal Investigator (typed name):	Signature:	Date:
Named Principal Investigator (typed name):	Signature:	Date:
Named Principal Investigator (typed name):	Signature:	Date:
Named Principal Investigator (typed name):	Signature:	Date:
Named Principal Investigator (typed name):	Signature:	Date: