

Institutional Compliance Requirement
for applications submitted to the National Institutes of Health (NIH)
to be attached to Grant Proposal Clearance Form, with Internal Policy Review Statement

Project Name: _____

Project Dates: _____

I certify that the information submitted within the application is true, complete and accurate to the best of my knowledge; and

I certify that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

PI Name: _____

Signature: _____

Date: _____