

**The Catholic University of America**

**Office of Sponsored Programs and Research Services**

**Washington, DC 20064**

**Office 202-319-5218 Fax: 202-319-4495**

**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 submitted to the Sponsored Programs Office with all NIH applications, progress reports, and prior approval requests. NIH requires original signatures. (Multiple copies of this form may be submitted if necessary or convenient.)

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| **Project Title:** |  |

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|  | **New Application** |  |
|  | **Annual Progress Report for (NIH Award Number):** |  |
|  | **Prior Approval Request for (NIH Award Number):** |  |

By signing below, I certify (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that 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.

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| **Principal Investigator (PI)**  **or “Contact” PI Name** |  | **Signature** |  | **Date** |
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| **Additional Principal Investigators** |  |  |  |  |
| **Named Principal Investigator:** |  |  |  |  |
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