

PI Assurance for all DHHS Grant Applications/Progress Reports
(For internal use only – must be submitted to SPS with proposal.)

Principal Investigator (Last, First, Middle) _____

Project Title _____

Agency Identification Number (if available) _____

Principal Investigator Assurance

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 of the application.

PI signature _____ Date _____