

NIH PRINCIPAL INVESTIGATOR ASSURANCE CERTIFICATION FORM

This form is designed to comply with the requirements of National Institutes of Health Notice NOT-OD-06-054, which requires that the applicant organization secure and retain a written assurance from the Project Directors (PDs) or Principal Investigator (PIs) prior to submitting an application, progress report, and/or prior approval request. NIH also requires that when there are multiple PIs, this assurance must be retained for all named PIs.

At UC Berkeley, PIs typically make this assurance in Phoebe at the proposal stage, and this form is not required when submitting an application. However, PDs and PIs are required to read, sign, and submit this form to the Sponsored Projects Office with all NIH Just-in-Time (JIT) documents, annual/interim/final progress reports (RPPRs) that are not SNAP eligible, and prior approval requests. NIH requires unique signatures. (Multiple copies of this form may be submitted with the application if necessary or more convenient.)

Project Title: _____

NIH Award Number (if available): _____

☐ Just-in-Time (JIT)

☐ Non-SNAP Annual/Interim/Final Progress Report (RPPR)

☐ Prior Approval Request

By signing below, I certify:

(1) that the information submitted with this transaction is true, complete and accurate to the best of my knowledge including the "Other Support" listed by the Project Director (PD)/Principal Investigator (PI) and all named senior Key Personnel devoting measurable effort the project (see https://rac.berkeley.edu/foreign_influence/nih.html);

(2) I agree to disclose to NIH any substantive changes to "Other Support" previously disclosed by PDs/PIs and other senior Key Personnel when submitting future annual/interim/final RPPRs;

(3) I agree to alert SPO if I discover that the PD/PI or any senior Key Personnel have failed to disclose "Other Support" information at the proposal/JIT, and/or RPPR stages;

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

(5) I agree to be responsible for the scientific and financial conduct of the project and to provide all required reports and documents required by NIH during the life of the award.

Principal Investigator (PI)
or "Contact" PI Name: _____

Signature: _____

Date: _____

Multiple Principal Investigator Assurance:

Named Principal Investigator: _____

Signature: _____

Date: _____