

Woods Hole Oceanographic Institution

PI Assurance Form

National Institutes of Health Assurance Statement for Principal Investigators

WHOI Proposal # _____

Grant Award # (if known): _____

Proposal Title:

PRINCIPAL INVESTIGATOR ASSURANCE STATEMENT

I hereby certify that:

- the information submitted within the application and during the award period, which includes Continuation and Supplemental proposals and Prior Approval Requests, is true, complete, and accurate to the best of my knowledge;
- 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 this application.

Print or Type Principal Investigator Name

Principal Investigator Signature Date

When multiple Principal Investigators are proposed in a NIH application, this assurance must be signed by all named Principal Investigators.

List all additional PIs:

Print or Type Principal Investigator Name

Principal Investigator Signature Date

Print or Type Principal Investigator Name

Principal Investigator Signature Date

Print or Type Principal Investigator Name

Principal Investigator Signature Date

Print or Type Principal Investigator Name

Principal Investigator Signature Date