

Proposal #: _____

Agency: _____

Contact PD/PI: _____

PD/PI's Dept: _____

**KENT STATE UNIVERSITY
PUBLIC HEALTH SERVICES (PHS) PD/ PI ASSURANCE FORM**

In accord with NIH Notice Number "NOT-OD-06-054," Kent State University must maintain a Project Director/Principal Investigator's written assurance for each application/progress report to be submitted by him/her to Public Health Service (PHS). Certifications requiring the PD/PIs signature are as follows:

1. The information submitted within the application is true, complete and accurate to the best of the PD/PI's knowledge.
2. Any false, fictitious, or fraudulent statements or claims may subject the PD/PI to criminal, civil, or administrative penalties and
3. The PD/PI agrees 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.

Project Title: _____

The PD/PI _____ agrees to the above-listed statements.

PD/PI's Signature

Date