

**PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD) ASSURANCE AND
CERTIFICATION INSTITUTIONAL COMPLIANCE REQUIREMENT FOR THE PUBLIC
HEALTH SERVICES (PHS)**

Reference – NIH Notice Numbers:

- [NPT-OD-06-054](#): NIH Announces Change in Business Process: Replacing the Principal Investigator Signature on Grant Applications, Progress Reports, and Prior Approval Requests with an Institutional Compliance Requirement
- [NOT-OD-06-55](#): NIH/AHRO Announce Change in Business Process Concerning eRA Commons Verification of Electronically Submitted Applications
- [NOT-OD-06-056](#): NIH Announces Interim changes to the PHS398 Application and Instructions
- [NOT-OD-06-057](#): NIH Announces Changes to the SF424 (R&R) Instructions

Purpose:

Effective May 10, 2006 and thereafter, the signature of the PI/PD is no longer required as part of a new, revised, competing, or non-competing application. Instead, a compliance requirement has been implemented whereby the applicant organization agrees to secure and retain a written assurance from the PI prior to submitting an application, prior approval request, or progress report to the PHS. This form will be retained in the Office of Sponsored Programs for provision, upon request, to the sponsoring agency or other authorized Health and Human Services (HHS) or Federal officials.

PI/PD: _____

Department/College/Center: _____

Sponsor Agency: _____

Index Number: _____

Project Title: _____

Complete Appropriate Section (Check one):

Prior Approval

Progress Report/Non-competing Continuation

Purpose of Prior
Approval Request: _____

Project Year Being Reported: _____

As a PI/PD of this project:

- I certify that the information submitted within the documents noted above is true, complete and accurate to the best of my knowledge.
- I certify that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports.

PI/PD Signature: _____

Date: _____