

HARVARD PILGRIM HEALTH CARE

PI SUBMISSION FORM

INSTRUCTIONS: All Principal Investigators must complete, sign, and submit this form to their OSP Grants Manager along with their final funding application. An application will not be submitted without this form.

A. APPLICATION INFORMATION

Title of Project:

Principal Investigator:

B. CERTIFICATIONS

By signing this submission form, I certify to the following:

1. The information submitted within the application is true, complete, and accurate to the best of my knowledge;
2. Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties;
3. 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 application;
4. I and other key personnel responsible for the design, conduct, or reporting of research on this project have submitted financial conflict of interest disclosures via Click Commerce;
5. Neither I nor any other person who will receive compensation from the award is currently debarred, suspended, or proposed for debarment from receiving federal support for research;
6. Either the applicable federally-negotiated F&A cost rates have been used or a written waiver to use a lower rate has been received from the Director of the Office of Sponsored Programs;
7. Co-Investigators and other key personnel listed on the project are aware that their names have been included in the proposal, and each is willing to provide support to the project;
8. The final version of the application submitted doesn't differ substantially from the draft version submitted previously for review;
9. I will comply with sponsor and HPHC/I policies and regulations.

HPHC/I Principal Investigator (signature)

Date