

HARVARD PILGRIM HEALTH CARE SPONSORED PROGRAMS APPLICATION ROUTING AND CERTIFICATION FORM

INSTRUCTIONS: Obtain signatures from the appropriate personnel for each necessary section. Sections A, B, C, and D must be completed for all applications. Submit this completed Routing and Certification Form, along with the SPA, to the appropriate Grants Manager in the Office of Sponsored Programs prior to submission for funding or the start of the study if unfunded.

A. STUDY INFORMATION

1. Title of Project:
2. HPHC/I Principal Investigator/Degree(s):

B. HPHC/I PRINCIPAL INVESTIGATOR CERTIFICATION

As HPHC/I Principal Investigator, I accept responsibility for assuring adherence to all relevant federal and non-federal agency policies, including adherence of all HPHC/I investigators to the conflict of interest policies of HPHC/I.

HPHC/I Principal Investigator (signature)

Date

C. HPHC/I CHAIR/DEPARTMENT HEAD CERTIFICATION

I have reviewed the proposed study in detail and concluded it has sufficient scientific merit and value to Harvard Pilgrim to recommend the proposed use of the required facilities and resources.

Department Head (signature)

Date

D. DIRECTOR OF INSTITUTE ADMINISTRATION CERTIFICATION

I have reviewed the proposed study, including SPA Sections A, E, F, and G and the draft budget, and approve the planned use of required facilities and resources for the conduct of the project.

Director of Institute Administration (signature)

Date

E. INTERNATIONAL COLLABORATION/TRAVEL PRIOR APPROVAL

I have reviewed the information provided in SPA Section C for the proposed study, and my approval is based on the information provided at the time of application. Any subsequent revisions to the plans for international collaboration must be reapproved by the appropriate RICO personnel.

Research Integrity and Compliance Officer (signature)

Date

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F. TRAINING GRANT CERTIFICATION

I have reviewed the proposed study, including the rules regarding stipends and compensation for training grants. I approve the use of _____ funds to cover the cost of benefits for the PI should a training grant be awarded.

Departmental Administrator (signature)

Date

G. COST SHARE CERTIFICATION

I have reviewed the proposed cost-share information included in SPA Section H, and the draft budget, and approve the planned use of the department account to support the cost-share.

Director of Institute Administration (signature)

Date

H. APPENDIX A CERTIFICATION – SOLE SOURCE JUSTIFICATION

No employee, officer, or agent may participate in the selection, award or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts.

By providing my signature, I am confirming that I will adhere to the above statement.

HPHC/I Principal Investigator (signature)

Date

I. APPENDIX B CERTIFICATION – IMPACT ON NON-DPM DEPARTMENTS

I have reviewed the information in the SPA and Appendix B and my approval below is based on the information provided at this time. Any subsequent revision to its content must be re-approved by me or another appropriate department manager.

Department Manager (signature)

Date

Title and Department:

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J. APPENDIX C CERTIFICATION – HPHC DATA USE VETTING PROCESS

I have reviewed the SPA and Appendix C and my approval is based on the information provided at the time of application. Any subsequent revisions to the project must be reapproved by the appropriate HPHC VET personnel.

HPHC Business Unit (signature)

Date

HPHC Business Unit (signature)

Date

HPHC Privacy and Security Committee (signature)

Date

K. APPENDIX D CERTIFICATION – INFORMATION CHECKLIST FOR PRIVACY & SECURITY EVALUATION

I have reviewed the SPA and Appendix D and my approval is based on the information provided at the time of application. Any subsequent revisions to the proposed use of the applicable technology or technology infrastructure must be reapproved by the appropriate IT/OIS personnel.

HPHC Chief Information Security Officer (signature)

Date