



To PI/PDs: Please use this form if you choose not to certify your proposal directly in CayuseSP

Sponsor Name _____

Proposal Title: _____

As the Principal Investigator (PI) or Program Director (PD) of this proposal, I certify that:

1. This proposal package was created in the Proposals424 system by me or by someone specifically authorized by me to create and prepare proposals in my name.
2. I have reviewed the access permissions associated with this proposal and am responsible for the work done in this proposal by all individuals who have Proposals424 or CayuseSP "Write" (i.e., edit) access to it.
3. All statements and information contained in this proposal, including the contents of all documents attached to the proposal as part of the Proposals424 electronic grant application package and all related documents transmitted in support of this application prior to award, are true, complete, and accurate to the best of my knowledge.
4. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
5. I agree to accept responsibility for the scientific and/or scholarly conduct of the project and to provide all required progress reports if a grant or contract is awarded.
6. If the budget in this application proposes a subaward or subcontract from Einstein to another institution, I attest that the research team(s) at that institution(s) has the requisite skills to carry out the part of this project for which they are being contracted.
7. In the case of a fellowship application for which I am the sponsor/advisor, I agree to provide appropriate training, adequate facilities, and supervision if a grant is awarded as a result of the application.
8. In the case of a fellowship application, both the faculty sponsor and fellow applicant have read the Ruth L. Kirschstein National Research Service Award Payback agreement and will abide by the Assurance if an award is made and that the award will not support residency training.
9. I understand that as PI (also in case for an MPI application) I am a member of the grantee team responsible for ensuring compliance with the financial and administrative aspects of an award resulting from this proposal. (See NIH Grants Policy Statement Part I. 2.1.2).
10. The final application submitted to the external granting agency will contain information that is consistent with the information in this Proposal424 proposal package.

Name of PI or PI/PD: _____

Signature: _____

Department _____ Date _____

NB: This form must be filled out for each new or renewal application. Electronic signature will be accepted.

Contact Cayuse424 systems administrator in the Office of Grant Support at (718) 430-3643 or regina.janicki@einsteinmed.org should you have any questions.