

Dr. Gregg Tarquinio  
Associate Dean for Administration and Finance  
Albert Einstein College of Medicine of Yeshiva  
1300 Morris Park Avenue  
Bronx, NY 10461

Re: Delegation of authority within the Proposals424 electronic grant submission system

Dr. Tarquinio:

In order to maximize efficiency in the review and approval of grant applications in the Proposal424 system, I wish to delegate my grant application certification authority to a person at my department.

*The term “proposal” as used here refers to all the parts of the current Proposals424 and CayuseSP application package and all related communications with the granting agency in support of the current application (e.g. “supplemental materials” and “just-in-time”) that utilize the CayuseSP internal approval system and occur prior to an award being made. In the case of “generic” proposals that will not be submitted via Cayuse, “proposal” includes the associated application forms that are transmitted to the granting agency.*

As the Principal Investigator (PI) or Project/Program Director (PI/PD) on 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.

The person(s) named below shall have the authority to approve on my behalf the application in Proposals424 and CayuseSP systems.

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I understand that my named delegates will 1) receive all email correspondence related to proposals requiring my review prior to submission to funding agencies and 2) be able to log into the Proposals424 or CayuseSP system from their own accounts and electronically “sign” (i.e. approve) all applications requiring my approval. I understand that this delegation of authority does not affect my ability to personally review and approve applications through my own Proposals424 or CayuseSP account and that I may make or request changes of delegates at any time (for assistance contact the Proposals424 or Cayuse424 systems administrator in the Office of Grant Support (430-3643; [regina.janicki@einsteinmed.org](mailto:regina.janicki@einsteinmed.org))

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.