

### Application Certification for External Funding

PI	Department	Due Date
Funding Agency	Project Dates (mm/dd/yy - mm/dd/yy)	
Project Title		

<i>Resources for this project include:</i>	Animal Use Core Instrumentation	Human Subjects Statistics	Hazardous Materials Radioactivity	Center for Clinical Research (CCR) International Collaboration
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<u>SIU Named Faculty/Staff</u>	<u>Department</u>	<u>SIU Named Faculty/Staff</u>	<u>Department</u>
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### PI CERTIFICATION

As the Principal Investigator, I certify the following:

1. The information contained in this application is true, complete, and accurate to the best of my knowledge.
2. All personnel listed on this application are aware of their inclusion in the project and have agreed to serve in their stated role(s) on the proposal.
3. The responsible chairpersons of all personnel named in this application are aware of and have approved the effort and compensation, including cost sharing, as delineated in this proposal.
4. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
5. I accept overall responsibility for oversight of the proposed work, including assurance of maintaining appropriate research compliance requirements and upholding high standards of the conduct of the proposed work.
6. I will provide the required progress reports within the required time frame if a grant is awarded as a result of the application.
7. I have read and understand the current Patents and Copyrights Policy (<http://www.siumed.edu/adrfa/techtranspolicy.html>). I understand that the SIU School of Medicine has certain rights to any invention or copyright work developed through my employment by the university, and that any new technology or potential invention (including an improvement on an existing product or method of use thereof) arising from my work will be submitted to the Office of Technology Transfer for review and advice on intellectual property protection.
8. I have read, understand, and will abide by current SIU School of Medicine Conflict of Interest and Industry Relations policies.
9. If applicable, the PI agrees that \_\_\_\_\_ (name, role/position) is authorized to submit materials, including the completed application, on behalf of the PI, and that materials submitted by this individual can be treated as if directly submitted by the PI.

**\*\*Scan signed form and submit electronically to [grants@siumed.edu](mailto:grants@siumed.edu) 2 weeks prior to application submission deadline.\*\***

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Date

**ADRFA use below:**

\_\_\_\_\_  
Office of the Associate Dean for Research      Date

\_\_\_\_\_  
Dean and Provost      Date

Date received \_\_\_\_\_

Initials \_\_\_\_\_

09/20/2016