Pending #: _____

Application Certification for External Funding

PI: _____ **Department**: _____ **Deadline**: _____

Funding Agency: _____ **Project Dates:** _____

Project Title: _____

_____

Resources for this project include: ☐ Animal Use ☐ Human Subjects ☐ Statistics ☐ Center for Clinical Research (CCR) ☐ Core Instrumentation ☐ Hazardous Materials ☐ Radioactivity ☐ International Collaboration

Is this application a result from Internal Funding? ☐ **YES** ☐ **NO** **If YES:** ☐ **RSG** ☐ **NM** ☐ **SIU System** ☐ **Other**

SIUSOM Faculty/Staff	Department	SIUSOM Faculty/Staff	Department

CERTIFICATIONS

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. 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 and SIU System Export Control policies.

☐ 9. If applicable, the PI agrees that _____ 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.

_____

PI Signature **Date**

Office of Grants and Contracts use below:

_____

Associate Dean for Research **Date**

_____

Office of the Associate Dean for Research **Date**

Date Received: _____ Initials: _____