PI ASSURANCE FORM
National Institutes of Health Assurance Statement for Principal Investigators
University of California, San Diego

UCSD #: ______________________________

Agency Due Date (mm/dd/yy): ___________ Grant Award # (if known): _______________________

Proposal Title: ________________________

*Please Note: When multiple Principal Investigators are proposed in a National Institutes of Health application, this assurance must be signed by all named Principal Investigators.

Principal Investigator Assurance Statement:
I hereby certify: (1) that the information submitted within the application, and during the award period, which includes Continuation and Supplement proposals, and Prior Approval Requests, is true, complete, and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

_________________________  ___________________________  ___________
Principal Investigator Signature  Print or Type Principal Investigator Name  Date

*List Additional Principal Investigators Below:

_________________________  ___________________________  ___________
Principal Investigator Signature  Print or Type Principal Investigator Name  Date

_________________________  ___________________________  ___________
Principal Investigator Signature  Print or Type Principal Investigator Name  Date

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Principal Investigator Signature  Print or Type Principal Investigator Name  Date

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Principal Investigator Signature  Print or Type Principal Investigator Name  Date

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Principal Investigator Signature  Print or Type Principal Investigator Name  Date

Office of Contract and Grant Administration 5/2006
PI Assurance Form
Instructions:

Overview:
The PI Assurance form is an internal UCSD form that must accompany each NIH proposal. This standard form is signed by the PI and any other Principal Investigators. It certifies that the information in the proposal is true, complete, and holds PI’s responsible for the scientific conduct of the project.

Please Note: A new PI Assurance form is required each time a New, Resubmission or Renewal proposal is submitted to NIH.

UCSD#: UCSD #: The UCSD # uniquely identifies a proposal. The UCSD # stays with the proposal until it is awarded. The UCSD # is issued by the UCSD Proposal Log: https://act.ucsd.edu/proposallog/proposallog.

- To receive a new UCSD#, you must have the following information:
  - PI Name
  - Proposal Type
  - Anticipated Type of Award
  - Title
  - Sponsor
  - Prime Sponsor (if applicable)
  - Lead UCSD Dept
  - Dept Contact
  - Sponsor Deadline
  - Copy and Mail Index
  - Assigned Review Office

Agency Due Date (mm/dd/yy): List the agency required due date for the proposal, as funding agencies will not accept proposals which miss a deadline. If the proposal will not be submitted formally to the agency, indicate “internal” in this space. If the agency does not have a formal due date, list the date that the PI would like to submit the proposal.

Award # (if applicable): If this is other than a “New” proposal, list the current award number.

Proposal Title: List the title for the proposal. Be as brief and concise as possible. The Principal Investigator will usually furnish this information. Be sure to check the funding agency guidelines for any possible requirements on length and content, as some agencies are very specific about this information.

Signatures: Any and all Principal Investigators need to sign and date the form.