NIH Investigator Assurance

The Department of Health and Human Services requires that all investigators named on an NIH proposal application complete the NIH Investigator Assurance. The signed assurance must be available to the sponsoring agency or other authorized DHHS or Federal officials upon request. Please read, sign, and date the assurance as required. The completed document will remain on file at the SJSU Research Foundation.

As principal investigator (PI) or Co-PI, I certify that:

(1) the information submitted on the application is true, complete, and accurate to the best of my knowledge;

(2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(3) I have not, within the last three (3) years, been convicted of, or had a civil judgment rendered against me for:

- committing fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction, or contract under a public transaction;
- violating a Federal or State antitrust statute;
- embezzlement, theft, forgery, bribery, falsification or destruction of records; or - making false statements or receiving stolen property.

(4) I am not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated above; and

(5) I have not, within the last three (3) years, had any public transaction (Federal, State, or local) terminated for cause or default.

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 the application.

I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

________________________________________________
Printed Name

________________________________________________
Signature

_______________________________
Date