

NIH NRSA FELLOWSHIP ASSURANCE CERTIFICATION FORM

This form is designed to comply with the requirements of NIH Notice NOT-OD-09-007, issued October 14, 2008: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-007.html>.

Effective December 1, 2008, the National Institutes of Health (NIH) requires that the applicant organization secure and retain a **written assurance from the Applicant (Individual Fellow) and Sponsor/Mentor(s) prior to submitting a PHS 416-1 grant application application, PHS 416-9 progress report, and prior approval request.**

This form must be signed and submitted to the Sponsored Program Services office with all NIH PHS 416-1 grant applications, PHS 416-9 progress reports, and prior approval requests. NIH requires original signatures.

Project Title: _____

- Application
- Annual Progress Report Provide NIH Award Number: _____
- Prior Approval Request Provide NIH Award Number: _____

By signing below, I certify:

- (1) The information submitted within the application is true, complete and accurate to the best of the Fellow's and Sponsor/Mentor's knowledge including (if required) the active and pending support for all key personnel;
- (2) I will disclose to NIH any substantive changes to active and pending support for all key personnel in future annual/final RPPRs;
- (3) I will to alert SPO if I discover that any key personnel have failed to disclose active and pending support at the proposal/JIT and/or RPPR stages;
- (4) I understand that any false, fictitious, or fraudulent statements or claims may subject the Fellow and Sponsor(s) to criminal, civil, or administrative penalties;
- (5) I agree that the Sponsor/Mentor(s) will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; and
- (6) The Fellow has read the Ruth L. Kirschstein National Research Service Award Payback Assurance and will abide by the Assurance if an award is made, and that the award will not support residency training.

Applicant (Individual Fellow) Name:	Signature:	Date:
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Sponsor/Mentor Name:	Signature:	Date:
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