PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCES
FOR MULTIPLE PI APPLICATION

Contact PI at Dartmouth College: _____

Additional PD/PI: _____

Name of Institution: _____

Please address the following questions and sign the below statement:

DEBARRED OR SUSPENDED FROM FEDERAL FUNDING:	☐ YES	☐ NO
DELINQUENT ON ANY FEDERAL DEBT:	☐ YES	☐ NO

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 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 Date