



# NATIONAL INSTITUTES OF HEALTH INSTITUTIONAL COMPLIANCE FORM

**By signing below, all investigators assure that they comply with the following statements:**

- (1) that the information submitted within the attached application is true, complete and accurate to the best of the investigator's knowledge;**
- (2) that any false, fictitious, or fraudulent statements or claims may subject the investigator to criminal, civil, or administrative penalties; and**
- (3) that the investigator agrees 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.**

## REQUIRED SIGNATURES

|                            |               |                          |               |
|----------------------------|---------------|--------------------------|---------------|
| _____<br>Lead Investigator | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |
| _____<br>Co-Investigator   | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |
| _____<br>Co-Investigator   | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |
| _____<br>Co-Investigator   | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |
| _____<br>Co-Investigator   | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |
| _____<br>Co-Investigator   | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |
| _____<br>Co-Investigator   | _____<br>Date | _____<br>Co-Investigator | _____<br>Date |

**Submit with External Grant Approval Form  
for all NIH Applications.**