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NRSA Assurance Statement for the Individual Fellow and their Sponsor

The NIH has updated the Fellowship Application Face Page (Form 416-1) and the Progress Report Face Page (Form 416-9) by removing the signature blocks of the Fellow and Sponsor. The only required signature remaining on those Face Pages is that of the official signing for the applicant organization, which for UF will be officers in the Division of Sponsored Research (DSR).

However, the NIH also issued a regulation (NOT-OD-007) that requires the applicant organization to obtain and retain a written assurance from the NRSA Fellow and their Sponsor prior to submitting the application to the Public Health Service.

To comply, please complete and submit this NRSA Assurance Statement (which meets the minimum required by the NIH) to UF's Division of Sponsored Research (DSR) with each NRSA Application or Progress Report.

Individual Fellow Assurance Statement:

I _____, certify that the information submitted within the NRSA application is true, complete, and accurate to the best of my knowledge and I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I further certify that I have read the Ruth L. Kirschstein National Research Service Award Payback Assurance, and if an award is made will abide by that Assurance and any other award terms and conditions, including that the award will not support residency training.

_____	_____
Signature (Fellow)	**Date**

Sponsor Assurance Statement:

I _____, certify that the information submitted within the NRSA application is true, complete, and accurate to the best of my knowledge and I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. In addition, if this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and I accept the obligation to comply with the Public Health Service terms and conditions of award.

_____	_____
Signature (Sponsor)	**Date**

For UF Proposal/Project Number: _____ (if not known enter TBA)

Form dated 11/25/08