

HARVARD
FINANCIAL ADMINISTRATION



PI Name:

The PI certifies that:

The information submitted within the application is true, complete, and accurate to the best of my knowledge.

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 reports if a grant is awarded as a result of the application.

I hereby authorize an Authorized Signatory in the Harvard Office for Sponsored Programs (OSP) to submit the proposal on my behalf. This authorization includes, but is not limited to, the submission of all necessary documents and communications related to the proposal titled _____ ,
GMAS project ID _____ .

Signature:

Date: