NIH Loan Repayment Programs Certification

Instructions:

1) The applicant should indicate Melissa Mullaney (Commons ID: GILLELANDM, email gillelandm@ufl.edu) as the Institutional Business Official (IBO) in the LRP application.
2) Once the application has been completed in ASSIST, the LRP applicant completes the Applicant Information section of this form.
3) Forward the completed form and a copy of the application to the certifier for your department/unit. Contact your department fund manager or research administrator for more information.
   Information for fund admin can be found at Institutional Business Officials | National Institutes of Health | Division of Loan Repayment (nih.gov)
4) The certifier should sign and date this form. Do not copy and paste an image of a signature.
5) Email the signed form to ufproposals@ufl.edu, at least two business days prior to the deadline, with a copy to the applicant.

Applicant Information:

Name (First, Middle, Last):
Employing Department:
Annual Income:

Certification:

LRP Contract Execution Dates: From: To:

As a representative of the applicant's employing department, I certify to the following information regarding the applicant named above, and the research stated in the application:

I certify that the following statements are true:

1. The applicant's salary and any applicable research funding are solely supported by at least one of the following:
   a. A domestic non-profit foundation, non-profit professional society, or other non-profit institution (such as your institution); or
   b. A Local, City, or State government agency; or
   c. A grant from a federal agency.
2. To the best of my knowledge, the applicant does not receive any salary from a for-profit institution, contractor, or any non-U.S. entity.
3. The applicant is not a federal employee or fellow (including the U.S. Department of Veterans Affairs) with a 5/8ths time or more appointment.

4. The applicant is, or will be, employed by your Institution to conduct research for a minimum of 20 hours a week.
5. Outside of unforeseen circumstances (such as loss of funding), your Institution anticipates that the applicant will engage in research for two years from the date that LRP contract is executed, specified at the top of this certification.
6. The research conducted by the applicant is compliant with Federal, State, or Local law.
7. The applicant's annual income or compensation is accurate to the best of my knowledge.
8. ☐ Is a U.S. Citizen, U.S. National, or Permanent Resident of the U.S., or
   ☐ Is not a U.S. Citizen, U.S. National, or Permanent Resident of the U.S.

Certifier's Name:
Title:

Signature:

Date: