

## Applicant Identifying Information

Applicant's Name:	John Doe	Loan Repayment Program:	Clinical Research
Applicant's Organization:	National Cancer Institute	Award Type:	New
Address:	12567 Dunbar Avenue San Francisco, CA 20568	Name of PI or PD:	James Franco

OMB No. 0925-0361  
Form Approved for use through 8/31/2019  
[Click here to see the burden statement](#)

## Annual Income or Compensation

Current Annual Income or Compensation: \*

NIH 2674-16  
LRP Tracking Code: DAWP1216

OMB No. 0925-0361  
Form Approved for use through 8/31/2019  
[Click here to see the burden statement](#)

## Certifying Official's Assurances

LRP Contract Execution Date: January — November 2016

LRP Contract Duration: 2 Years

I certify that the following statements are true:

- The applicant's salary and any applicable research funding are solely supported by at least one of the following:
  - A domestic non-profit foundation, non-profit professional society, or other non-profit institution (such as your Institution); or
  - A Local, City or State government agency; or
  - A grant from a Federal agency.
- 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.
- 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.
- The applicant is, or will be, employed by your Institution to conduct research for a minimum of 20 hours per week.
- 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 the LRP contract is executed, specified at the top of this certification.
- The research conducted by the applicant is compliant with Federal, State, or Local law.
- The applicant's annual income or compensation is accurate to the best of my knowledge.

I certify to accuracy/truthfulness of all of the above statements. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. \*

OMB No. 0925-0361  
Form Approved for use through 8/31/2019  
[Click here to see the burden statement](#)

## Certifying Official's Assurances

LRP Contract Execution Date: January — November 2016

LRP Contract Duration:  1 Year  2 Year

I certify that the following statements are true:

- The applicant's salary and any applicable research funding are solely supported by at least one of the following:
  - A domestic non-profit foundation, non-profit professional society, or other non-profit institution (such as your Institution); or
  - A Local, City or State government agency; or
  - A grant from a Federal agency.
- 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.
- 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.
- The applicant is, or will be, employed by your Institution to conduct research for a minimum of 20 hours per week.
- 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 the LRP contract is executed, specified at the top of this certification.
- The research conducted by the applicant is compliant with Federal, State, or Local law.
- The applicant's annual income or compensation is accurate to the best of my knowledge.

I certify to accuracy/truthfulness of all of the above statements. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. \*

NIH 2674-16  
LRP Tracking Code: DAWP1216

## Annual Income or Compensation

NIH 2674-16  
LRP Tracking Code: DAWP1216

Current Annual Income or Compensation:\*

## Verification of U.S. Citizenship

NIH 2674-16  
LRP Tracking Code: DAWP1216

I certify that, according to our organization's employment records (I-9 Form), the applicant:\*

- is a U.S. Citizen, U.S. National, or Permanent Resident of the U.S.
- is **not** a U.S. Citizen, U.S. National, or Permanent Resident of the U.S.


Public reporting for this collection of information is estimated to average 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

Privacy Act 09-25-0165

SAVE

SUBMIT

CANCEL

Download Reader: 

QUESTIONS? LRP INFORMATION CENTER | MON-FRI, 9:00 AM - 5:00 PM EST | 866 - 849 - 4047 | [lrp@nih.gov](mailto:lrp@nih.gov)

[Programs & Eligibility](#) | [Data & Reports](#) | [Contact & Engage](#) | [About DLR](#) | [FAQ](#) | [A-Z Index](#) | [Login](#) | [For NIH Employees](#)

[Privacy Notice](#) | [Accessibility](#) | [Contact Us](#) | [Site Map](#) | [FOIA](#) | [Disclaimer](#)

[National Institutes of Health](#) | [U.S. Department of Health & Human Services](#) | [USA Gov - Government Made Easy](#)

Page Last Updated on March 17, 2015

NIH...Turning Discovery into Health 