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OMB No. 0925-0361 Form approved for use through 10/31/2022

Institutional Business Official Certification for LRP Application 0

NIH 2674-16

Applicant Identifying Information				
Applicant's Name: Applicant's Organization:	Carbone, Jason Thomas WAYNE STATE UNIVERSITY	Award Type: Address:	New 5447 Woodward Avenue DETROIT MI 48202	
Annual Income or Compensation				
Current Annual Income or Compensation:	•			
Certifying Official's Assurances				
LRP Contract Execution Dates: July 1, 2022 to June 30, 2024 LRP Contract Duration: 2 Years only 1 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 5/8/ths 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.				
Verification of U.S. Citizenship				
I certify that, according to our organization Is a U.S. Citizen, U.S. National, or Perma Is not a U.S. Citizen, U.S. National, or Pe				
agency may not conduct or sponsor, and a		nless it displays a currently valid OMB control number. Send co	and maintaining the data needed, and completing and reviewing the collection of information. Are mments regarding the burden estimate or any other aspect of this collection of information, on or return the completed form to this address.	ın