

Institutional Business Official Certification for LRP Application

OMB No. 0925-0361
Form Approved for use through 03/31/2026

NIH 2674-16

Applicant Identifying Information

Applicant Name:	Award Type: New
Applicant's Organization:	Address:

Annual Income or Compensation

Current Annual Income or Compensation:* \$165000

Certifying Official's Assurances

LRP Contract Execution Dates: July 1, 2026 to June 30, 2028

LRP Contract Duration: 2 Years only

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 individual 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 5/8th 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 the 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.

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

Verification of U.S. Citizenship

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 the 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](#)