In response to an email similar to below, follow the steps:

2. Log in using NIH Commons ID.

3. Click role of Institutional Business Official (IBO).
4. Copy & Paste Application Tracking Code in “Find Applicant” field – see highlights above.

5. Click Action.
6. Review data, Click certification check box & Submit if everything looks correct. See page 2 of instructions.
Applicant Identifying Information

Applicant's Name: [Redacted]
Applicant's Organization: University of California
Address: 100 Medical Plaza Dr Los Angeles, CA 90036

Loan Repayment Program: Clinical Research LRP
Award Type: Renewal
Name of PI or PD: [Redacted]

Annual Income or Compensation

Current Annual Income or Compensation: [Redacted]
Enter numbers only

Certifying Official's Assurances

LRP Contract Execution Date:

LRP Contract Duration:  ☑ 1 Year  ☐ 2 Year

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 50% time or more appointment.
4. The applicant is, or will be, employed by your Institution to conduct research for a minimum of 20 hours per 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 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.*

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 the burden to NIH, Project Clearance Branch, STDS

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