

# NewYork-Presbyterian Hospital

## Certification Statement for Grants and Contracts

TITLE OF PROPOSAL/ RASCAL Ref#: \_\_\_\_\_

INVESTIGATOR: Name \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_

CONTACT PERSON: Name \_\_\_\_\_

Location \_\_\_\_\_

Phone \_\_\_\_\_

I understand that the Hospital is obligated to remove all non patient care costs from their Institutional Cost report, and to that end use this statement as part of a process to identify and charge entities using Hospital resources for non patient care activities.

I agree that I have examined this submission and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. In addition if discrepancies are identified at a later point, I agree to collaborate with all parties involved to the point of resolution.

It is further understood that this proposal is subject to both Hospital and College grant policies which includes but not limited to the Memo of Understanding on Intellectual Property, and Principles of Grant Administration, agreed to by the Hospital and University.

\_\_\_\_\_  
Authorized Signatory

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name & Title