**Previous Funding Certification**

Every Consortium Director, PI, co-PI named in the proposal **must** fill out this form separately. Additionally, if key personnel have previously received GoMRI funding, they are required to fill this form out as well.

**Part I**

Name (Last, First): Click here to enter text. Role (PI, Co-PI, etc): Click here to enter text.

Have you previously received GoMRI Funding? [ ]  YES [ ]  NO

If yes, please continue to Part II of this form, otherwise please sign and date the form at the bottom of the page.

**Part II**

|  |  |  |
| --- | --- | --- |
| **GoMRI RFP Number****(-I,-II,-III,-IV,-V)** | **Consortium/Project Name** | **Data Compliant\* (Y/N)** |
| RFP- |   |   |
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(Add additional rows as necessary)

\*Please review <https://data.gulfresearchinitiative.org/RB-data-compliance> for details about data compliance and additional information about the GoMRI data policy. *Unsatisfactory performance under prior awards may result in an application not being considered for funding*.

Signature (Electronic/Digital signatures are acceptable)

Date