**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