**HWCM Community-Based Pilot Project Grant Program**

**Community Grant Program Assurance**

1. I assert that this grant application is not currently under review by any other grant administering program. If I submit this grant application (or an application with similar aims) to another funder while it is under review by the HWCM, I will notify the HWCM. I understand that failure to comply with this policy is grounds for rejection of the application and withdrawal of any funds that may be awarded.
2. If funded:
	1. I understand that I will be required to review and sign a contract agreement from the University of Iowa Division of Sponsored Programs, and that any changes in project budget or scope of work will need to receive approval from the HWCM prior to implementation.
	2. I understand that all project costs must be incurred and all project activities must completed by the project end date (as specified by the HWCM with a notice of award).
	3. I understand that I will be required to provide the HWCM with electronic copies of any publications or abstracts based upon this research project. Publications, journal articles, and presentations relating to this pilot project will include the following statement:

*“This (publication, journal article, presentation, etc.) was supported by a pilot project grant from the Healthier Workforce Center for Excellence (HWCM). The HWCM is supported by Cooperative Agreement No. U19OH008858 from the Centers for Disease Control and Prevention (CDC) / National Institute for Occupational Safety and Health (NIOSH). The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of the CDC, NIOSH, or the HWCM.”*

* 1. The HWCM has permission to publicize my project and results in news releases, reports, publications and Center outreach activities.
	2. I agree to provide the HWCM with a brief mid-year progress report and submit a final report within 30 days of project completion. In addition, for up to five years following completion of my project, I agree to respond to an annual survey asking about (1) long-term outcomes, (2) presentations and publications resulting from the project, (3) professional collaborations established as a result of the project, and (4) additional grants and contracts resulting from the project (i.e., project results led to or supported an application for funding).
	3. I agree to comply with all applicable UI policies and procedures, as well as applicable federal, state and local laws, including, but not limited to, completing:
		1. The University of Iowa Audit Certification and Financial Status Questionnaire
		2. The University of Iowa Conflict of Interest Questionnaire
	4. If my project has a research component involving humans or animals, I will obtain:
		1. Institutional Review Board (IRB) approval for projects involving research with human subjects, or
		2. Institutional Animal Care and Use Committee approval for projects involving the use of vertebrate animals

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Signature of Project Director Date

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Printed Name of Project Director