



Certification of Domestic-Only Research

PI Name: _____

Department: _____

I. Purpose of Certification

This certification is a mandatory requirement for the UCC-Office of the Associate Dean for Research and Graduate Studies (OADRGS) Compliance Plan for federally funded Research. It ensures that all activities associated with federally funded research projects assigned to the below signing principal investigator comply with federal agencies' guidelines prohibiting unauthorized "foreign components". These include any collaboration with investigators at a foreign site anticipated to result in co-authorship or a scientific publication.

II. Investigator Declaration

By signing this document, I, the Principal Investigator, certify the following:

- **Domestic Scope:** All Research activities, data collection, and data analysis will be conducted exclusively within the United States or its territories (e.g., Puerto Rico, USVI).
- **Prohibition of Foreign Co-Authorship:** I understand that any collaboration with individuals affiliated with a foreign institution that results in co-authorship constitutes a foreign component and is strictly prohibited without prior approval from NIH or the appropriate federal agency.
- **Zero-Fund Transfer:** I certify that no funds have been or will be transferred via a sub-contract or any other mechanism to an institution or individual in a foreign country.
- **Acknowledgment of Consequences:** I understand that adding a foreign co-author or establishing an unauthorized foreign component at any point-even without the transfer of funds-will result in the immediate forfeiture of federal support for this Project.

III. Statement of Current Standing

As of the date of this signature, I certify that there are **no active foreign components** or foreign co-authorships associated with the federally funded research project(s) under my supervision that have not been approved by the appropriate federal agency. Our federally funded Research Project is currently, and will remain, a domestic-only effort.

Principal Investigator Signature: _____

Date: _____

Send completed form to the following address: vicmag.cabrera@uccaribe.edu and ivonne.amill@uccaribe.edu