

**CERTIFICATION OF NO ADDITIONAL GRANT-RELATED RESOURCES**

TITLE OF PROPOSAL \_\_\_\_\_

PRINCIPAL INVESTIGATOR \_\_\_\_\_

FUNDING AGENCY \_\_\_\_\_

Duration of Proposal \_\_\_\_\_

Submission Date \_\_\_\_\_

Anticipated award date \_\_\_\_\_

Amount of Proposal \_\_\_\_\_

I hereby certify that if awarded this grant will require no additional Psychology Department resources beyond those currently available to me and/or my co-investigators on this grant.

\_\_\_\_\_  
Printed Name of PI

\_\_\_\_\_  
Signature of PI

\_\_\_\_\_  
Date