



DEPARTMENT OF PSYCHIATRY
BUDGET AND BUDGET JUSTIFICATION CERTIFICATION FORM:

I certify that:

(1) I have reviewed the budget and budget justification for my upcoming application titled:

_____. All information relating to salaries and salary requests for the project for all staff are accurate to the best of my knowledge; and

PI Base Salary: _____ Salary Requested _____ Fringe Requested: _____

(2) In conducting the proposed project, I am familiar with and will adhere to applicable Boston University/Boston Medical Center Grant Policies.

Principal Investigator's Name (Printed): _____

Signature: _____

Date: _____