Attestations – CTSI Designated Core Application

Core Director, attesting that the content of this appropriate the content of the	plication is accurate:
Signature	Date
Printed name	<u>-</u>
	re advisory committee will provide oversight as directed in lication, including chairing an annual meeting that
 Core utilization Core quality assessment/user satisfact User fees Suitability of new services and equipment Funding opportunities for the core (equipment) 	ent purchases
Signature	Date
Printed name	-
3) Official signing for School, Division, Department, o	or Center that accepts fiscal responsibility for the core.
I have reviewed the core pricing for the upcoming core incurs. I support CTSI Designated Core statu	fiscal year and accept responsibility for any shortfall the us for this core
Signature	Date
Printed name	-