

SUBRECIPIENT CERTIFICATION FORM

SUBRECIPIENT'S LEGAL NAME: _____

SUBRECIPIENT'S PI: _____ UW's PI: _____

PRIME SPONSOR: _____ Subaward Number: _____

UW PROPOSAL TITLE: _____

SUBRECIPIENT'S TOTAL FUNDS AWARDED: _____

SUBRECIPIENT'S PERFORMANCE PERIOD: BEGIN: _____ END: _____

Project Certifications1. **Human Subjects:** Yes No **Approval Date:** _____

If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please attach or provide these documents to UW's PI as soon as they become available. This is required before any subaward will be issued.

If "Yes" and NIH funding is involved:

Have all key personnel involved completed Human Subjects Training? Yes No

Note: All key personnel engaged in human subject research must take the NIH human subjects training or human subject research training (http://grants1.nih.gov/grants/policy/hs_educ_faq.htm)

2. **Animal Subjects:** Yes No **Approval Date:** _____

If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please attach or provide these documents to UW's PI as soon as they become available.

3. **Stem Cells:** Yes No

(If "Yes": A copy of the Stem Cell approval must be provided before any subaward will be issued. Please attach or provide these documents to UW's PI as soon as they become available.

4. **Cost Sharing/Matching/In-Kind:** Yes No **Amount:** _____

Cost sharing, Matching, and/or In-Kind amounts and justification should be included in the subrecipient's budget.

5. **Ethics in Research Training (applicable to projects funded by NSF)**

Not applicable because this project is not being funded by NSF.

Subrecipient Organization/Institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

The information and certifications above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of prime sponsor's policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official_____
Legal Name of Subrecipient's Organization/Institution_____
Name and Title of Authorized Official (Print)_____
Address_____
Email_____
City, State, Zip_____
Phone_____
Fax_____
Federal Employer Identification Number (EIN)_____
Date_____
DUNS or DUNS+4 number