

## SUBRECIPIENT PROJECT CERTIFICATION FORM

SUBRECIPIENT ORGANIZATION LEGAL NAME: \_\_\_\_\_

SUBRECIPIENT PI: \_\_\_\_\_ UW PI: \_\_\_\_\_

PRIME AWARDING AGENCY: \_\_\_\_\_ SUBAWARD No.: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

SUBAWARD AMOUNT: \$ \_\_\_\_\_ PROJECT PERIOD START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

*The responses to the following questions should reflect project activity throughout the full period of performance identified above.*

1. **Human Subjects:** Will the project involve interaction with Human Subjects, or identifiable data or specimen from human subjects? If **"YES,"** provide a copy of the current IRB approval with this form.

☐ **YES** Approval Date:  ☐ **NO**

☐ Check here if approval is pending or will be sought after year 1. Please send a copy of the approval to UW once received.

2. **Animal Subjects:** Will the project involve the use of vertebrate animals? If **"YES,"** provide a copy of the current IACUC approval with this form.

☐ **YES** Approval Date:  ☐ **NO**

☐ Check here if approval is pending or will be sought after year 1. Please send a copy of the approval to UW once received.

3. **Stem Cells:** Will this project involve the use and/or creation of human embryonic stem cells? If **"YES,"** provide a copy of Stem Cell approval with this form.

☐ **YES** ☐ **NO** Approval Date:

4. **Cost Sharing/Matching/In-Kind:** Will the subaward involve Mandatory Cost Sharing, Matching, and/or In-Kind as part of Subrecipient involvement in the project? ☐ **YES** ☐ **NO** Amount: \$

5. **Equipment:** Will this project involve purchase or use of equipment?

☐ **YES** ☐ **NO**

If **"YES,"** select the applicable option and provide a brief description of the equipment (attach additional pages if needed):

☐ Purchase of Equipment:

☐ Use of Government Furnished Equipment:

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. **Any changes to the responses above over the life of the project should be reported to UW OSP Subawards at [ospsubs@uw.edu](mailto:ospsubs@uw.edu).**

Subrecipient Representative Signature

Date

Name and Title

Email and Phone