

SUBRE	CIPIENT ORG	ANIZATION LEG	AL NAME:		
SUBRECIPIENT PI: UW PI:					
PRIME AWARDING AGENCY:				SUBAWARD No.:	
PROJE	CT TITLE:				
SUBAWARD AMOUNT: \$			PROJECT PERIOD START DA	ATE: END DATE:	
			PROJECT CERTIFICATION	ONS	
1.	1. Human Subjects: Will the project involve interaction with Human Subjects, or identifiable data or sp from human subjects? One Approval Date:				
	If " YES ," provide a copy of the current IRB approval with this form prior to execution of the subaward agreement.				
2.	Animal Sub	Animal Subjects: Will the project involve the use of vertebrate animals?			
	□YES	□no	Approval Date:		
	If "YES," provide a copy of the current IACUC approval with this form prior to execution of the subaward agreement.				
3.	Stem Cells: Will this project involve the use and/or creation of human embryonic stem cells?				
	□YES	\square NO	Approval Date:		
	If "YES," provide a copy of Stem Cell approval with this form prior to execution of the subaward agreement.				
4.	Cost Sharing/Matching/In-Kind: Will the subaward involve Cost Sharing, Matching, and/or In-Kind as part of Subrecipient involvement in the project? NO Amount: \$				
 5. Equipment: Will this project involve purchase or use of equipment? □YES If "YES," select the applicable option and provide a brief description of the pages if needed): □ Purchase of Equipment: 				•	
	☐ Use of Sponsor/Government Furnished Equipment:				
herein. policy c	The appropria concerning sub	te programmatic awards and are p	and administrative personnel involv repared to establish the necessary i	e by an authorized official of the Subrecipient named yed in this application are aware of prime sponsor's nter-institutional agreements consistent with those ward agreement are at the Subrecipient's own risk.	
Signature of Subrecipient's Authorized Offi			Official	Date	
Name and Title				Email and Phone	