

**Please note that this does not replace the requirement for a letter of collaboration from the subcontractor.**

## Subcontract Certification

A Subcontract Certification form must be completed for each subcontract to be issued under a sponsored project.

Official Name of Subcontractor: \_\_\_\_\_

Administrative Contact for Subcontractor: \_\_\_\_\_

Address of Administrative Contact: \_\_\_\_\_

(including email)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As the WVU principal investigator (PI), I hereby certify that the issuance of the above referenced subcontract is not biased by conflicting financial interests of the investigator, the investigator's spouse, and/or investigator's children. Investigator is defined as the Principal Investigator and any other person who is responsible for the design, conduct or reporting for this award.

For the purposes of this form family is defined as: Family includes any individual who is a spouse, parent, child, stepparent, stepchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent or grandchild of an employee or a member of the employee's household.

Will you or any of your family members receive payments such as salary, consulting fees, or honoraria as the result of the award of this subcontract? Yes \_\_\_\_ No \_\_\_\_

Do you or your family members own or control any equity interests such as stock, stock options or ownership interests in the organization named as subcontractor above? Yes \_\_\_\_ No \_\_\_\_

Do you or your family members have or expect to have any intellectual property rights such as patents, patent applications, trademarks, servicemarks, copyrights, licenses and/or royalties related to the work of the subcontractor named above? Yes \_\_\_\_ No \_\_\_\_

I certify that the above mentioned information is true and complete to the best of my knowledge and that I have read the West Virginia University/West Virginia University Research Corporation Conflict of Interest policy and am in compliance with that policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Do *not* sign if you are submitting electronically through the Electronic Blue Sheet)