

**Subrecipient Payment and Performance Certification**

Subrecipient's Name: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
Invoice No. \_\_\_\_\_ Grant/Award No. \_\_\_\_\_ Sponsor Name: \_\_\_\_\_  
Prime Project Title: \_\_\_\_\_ Period Covered: \_\_\_\_\_  
Amount Due: \_\_\_\_\_ Amount Remaining on Subgrant/award for Payment: \_\_\_\_\_

Description of Services Performed During the Billing Period: Please describe any steps you have taken to verify that the Subrecipient has performed as stated on its invoice (e.g. site visits, technical/progress reports, sample deliverables, meeting notes/agenda, time expense reports, etc.).

**I hereby authorize payment for the attached invoice and certify that I have received and reviewed all due reports and/or deliverables from the Subrecipient that are the basis of this invoice. I am satisfied with the Subrecipient's performance to date. To the best of my knowledge, the Subrecipient's invoice reflects expenditures that are reasonable, allowable and allocable and are in compliance with the terms and conditions of the subaward/subgrant.**

Name : \_\_\_\_\_  
Authorized Program Representative /Principal Investigator

Signature: \_\_\_\_\_  
Authorized Program Representative /Principal Investigator

Date: \_\_\_\_\_

Name : \_\_\_\_\_  
Authorized Financial Analyst (in Baltimore, Maryland, USA)

Signature: \_\_\_\_\_  
Authorized Financial Analyst (in Baltimore, Maryland, USA)

Date: \_\_\_\_\_

***Please retain all documents reviewed as the basis for this Certification.***