

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.