

University of Hawaii Revolving Fund Certification

NOT to be used for Extramurally-Funded Awards per APM A8.931

Attach a copy of the most recent revolving fund service order to this certification.

PROJECT NUMBER: _____ INITIAL: RENEWAL: FY _____ AMENDMENT:

PROJECT TITLE: _____

PROJECT ADMINISTRATOR CERTIFICATION – PLEASE CHECK ALL THAT APPLY:

- Funding Sources - UH Account #** _____
- Human Subjects (use of).** CHS Approval/Exemption letter attached.
- Vertebrate Animals (use of).** IACUC Approval/Exemption letter attached.
- Health and Safety:** Check all that apply:
 If any of these boxes are checked, attach the approval from EHSO
 Compressed gas diving Other: _____
 Radioactive material
 If any of these boxes are checked, attach approval/exemption letter from the Office of the Assistant VC for Research and Graduate Education
 Importation of micro-organisms Select Agents
 Use of recombinant DNA Other (specify): _____
- Export Controls:** Proposed activity includes, or will result in, export-controlled technology or data (ITAR, EAR, etc.).
- Risk Management:** Check all that apply:
 Use of medical professionals with human contact Hazardous working conditions
 Patient care Use of watercraft (research vessels)
 Research dealing with pathogens Other (specify): _____

AS THE PROJECT ADMINISTRATOR OF THIS RCUH REVOLVING FUND SERVICE ORDER, I CONFIRM:

- I certify that I have read, understood, and personally completed the certifications.
- I certify that my unit is responsible to cover any costs associated with disallowable activities per APM A8.931 and/or any deficits in the account.
- I certify that the account is not an account for program income or for applying, receiving and accounting for extramurally funded grants or contracts per APM A8.931. The project/scope of work is not a subaward under a federal grant, cooperative agreement, or contract. The Project Administrator is functioning as a vendor under a fee for service or work for hire situation.
- I understand that if the project is inactive for a period of one year, the account will automatically close and my unit will be responsible to clear any deficits or my unit will receive a check made out to the University of Hawai'i for any surplus.
- I understand that I will provide a certification annually (due on June 30th) of each year, should a certification not be submitted the account will automatically be inactivated until a recertification certificate is submitted.
- I certify that any material, good, or service produced or delivered under this project will not infringe on any patent, trademark or copyright. Also, UH and the Project Administrator have no rights in the resulting work (i.e. knowledge applied is in the public domain and the Project Administrator has no rights to data or to publish results). Note: The Project Administrator cannot waive or relinquish the UH's rights to intellectual property developed at the University.
- No warranties will be provided.
- The recipient of services will not be indemnified or held harmless nor will defense be provided for the recipient of services.
- I certify that this revolving fund does not include any clinical trials or tuition payments for degree courses at the University.
- I certify that to the best of my knowledge this form is accurate and complete and that this project will be conducted in accordance with Federal, State, Sponsor, and University requirements and policies and that all investigators and project personnel have filed disclosures in accordance with Executive Policy E5.214 Conflicts of Interest.
- I certify that any false, fictitious, or fraudulent statements or claims may subject the Project Administrator to criminal, civil, or administrative penalties; and the Project Administrator agrees to accept responsibility for the conduct of the entire project.

Project Administrator Name: _____ Email: _____ Phone: _____
(must be a BOR appointee)

Project Administrator Signature (No "Per" Signatures Allowed): _____ Date: _____

Approved By:

Department Chair: _____ Date: _____
(Print Name and sign)

Reviewed By:

Fiscal Authority Name: _____ Email: _____ Phone: _____

Fiscal Authority Signature: _____ FO Code: _____ Date: _____

Signature indicates concurrence with all resource commitments, project provisions, certification, and responsibility to cover deficits in the account.

Dean, Director _____ Date: _____
(Print Name and sign)