

UNIVERSITY OF NEW ORLEANS | OFFICE OF RESEARCH CERTIFICATION FORM FOR PASS THROUGH FUNDS

Completion of this form is a University requirement. Please fill it out, sign it, and include it with the award package.

- NO**, Federal pass through funds are not associated with this award.
- YES**, Federal pass through funds are associated with the award. (Please fill out the box below)

Who is the Federal Sponsor? _____
What is the Federal Program Name? _____
What is the Federal Award Number? _____
What is the Federal Grant ID Number? _____
Is this subject to the Federal Funding Accountability and Transparency Act (FFATA)? <input type="radio"/> NO <input type="radio"/> YES
What is the Assistance Listing/CFDA number? _____
If there is no Assistance Listing/CFDA number associated with these funds, please explain why, such as the funds are from Federal <i>contract</i> , so there is no Assistance Listing/CFDA number:
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

For this award, your agency identifies UNO as a:

- Vendor** **Subrecipient*** **N/A – Funds from sponsor directly to UNO**

*Please note that this requires the identification of the appropriate terms and conditions in the award or an attached copy of your prime agreement. For federal assistance, please see [2 CFR Part 200](#).

Type of award to UNO: **Cost Reimbursable** OR **Fixed Price**

By signing this form, I am certifying that the information included above is correct.

Sponsor Representative Print Name: _____

Signature: _____ Date: _____

Your account number of award to UNO: _____

To be completed by the University of New Orleans:

Name of Principal Investigator: _____

UNO Award Number: _____

UNO Grant Number: _____