

In the tables below, please report the allocation of the Program Income to individual projects within the IUCRC (add additional rows as needed)

Reporting Year 1:

Start date 1/1/2021
End date 12/31/2021

Project title	Institution Name	Program Income Funds allocated
Project A	Site 1	\$5,000
Project A	Site 2	\$45,000
Project B	Site 1	\$10,000
Project B	Site 2	\$100,000
Project B	Site 3	\$90,000

Reporting Year 2:

Start date
End date

Research Project title	Institution Name	Program Income Funds allocated

Reporting Year 3:

Start date
End date

Research Project title	Institution Name	Program Income Funds allocated

Reporting Year 4:

Start date
End date

Research Project title	Institution Name	Program Income Funds allocated

Reporting Year 5:

Start date
End date

Research Project title	Institution Name	Program Income Funds allocated

Signature and Certifications

Please read carefully the following certification statements. The Federal government relies on the information to ensure compliance with specific program requirements during the life of the funding agreement. The definitions for the terms used in this certification are set forth in the IUCRC Program Solicitation.

The agency may request further clarification and supporting documentation in order to assist in the verification of any of the information provided.

Even if correct information has been included in other materials submitted to the Federal government, any action taken with respect to this certification does not affect the Government's right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given in the certification. Each person signing this certification may be prosecuted if they have provided false information.

I certify that at least 90% of the IUCRC Program Income is used to support the direct costs of research, and no more than 10% is used to support indirect costs

I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes.

I certify that to the best of my knowledge that the statements herein are true and complete. I understand that the willful provision of false information or concealing a material fact in this report or any other communication submitted to NSF is a criminal offense (U.S. Code, Title 18, Section 1001).

Authorized Organizational Representative (AOR)

Signature _____

Date:

AOR Contact information:

Name

Address

Phone Number

Email Address

Principal Investigator (PI) for the Lead Site

Signature _____

Date:

PI Contact information:

Name

Address

Phone Number

Email Address

: 5
Membership (number of equivalent full Members)

: 5
Program Income type (Cash or In- kind)