NIH SMALL BUSINESS INNOVATION RESEARCH PROGRAM SMALL BUSINESS CONCERN VERIFICATION STATEMENT

Organiz	oplication Number:ation:		
Project I	Director(s)/Principal Investigator(s) (PD(s)/PI(s	·	
be eligib Officials affiliated	le at the time of the award. As the responsible		
		program, no award will be issued until the NIH IC receives and accepts format of your choosing or by completing a checklist as in the example	
<u> </u>	more <i>individuals</i> who are citizens of, or perma owned business, at least 51% of its voting stock resident aliens. <i>or</i> The above-named organization is a for-profit by	Inited States SBC that is at least 51% owned and controlled by one or nent resident aliens in, the United States, or in the case of a publicly-c is owned by United States citizens or lawfully admitted permanent susiness concern that is at least 51% owned and controlled by another 51% owned and controlled by one or more <i>individuals</i> who are United States.	
		If the above-named applicant organization has been determined by the ther than small" for a size standard of not more than 500 employees or	
	Have you been recertified by SBA? If not recertified, have you requested ☐ Yes	☐ Yes ☐ No a recertification by SBA for eligibility under the SBIR program? ☐ No	
☐ 2	which it is proposing, has its principal place of or fewer employees, is not involved in a merge requirements found in Title 13, Code of Federa "agreements to merge (including agreements in	y owned and operated, is not dominant in the field of operation in business located in the United States, has, including its affiliates, 500 r/acquisition that is near complete, and meets the other regulatory l Regulations (CFR), Part 121. (Note that the SBA considers a principle) to have present effect on the power to control a concern"	
☐ 3	[Section 121.103(d) (1) of 13 CFR 121]). The <i>research space</i> occupied by the above-name named organization <i>for the conduct of its portion</i>	ned organization is available to and under the control of the above-	
□ 4		be performed in its entirety in the United States, unless otherwise	
☐ 5	The above-named PD's/PI's <i>primary employment</i> is with the above-named organization and more than one-half of the above-named PD's/PI's time will be in the employ of the above-named organization at the time of award and for the duration of the project, unless otherwise approved by the Grants Management Officer prior to issuance of an award. For Multiple PD/PI projects, the Contact PD/PI meets the primary employment requirement.		
□ 6	It is understood that the Public Health Service "Definitions," <u>SBIR/STTR SF424 (R&R) App</u>	will not support any <i>market research</i> under its SBIR program (see <u>lication Guide</u>) or literature searches that will lead to a new or ard is made, any such costs, if requested in the application, will be	
7	It is understood that if this project is funded, dr serves as certification that the above-named or	awing NIH award funds from the HHS Payment Management System ganization has in place written policies and procedures for financial and h 45 CFR 74 and the NIH Grants Policy Statement (12/03) and will	
	ature is verification that the statements checked ulent statements or claims may subject me to cri	() above are true and complete. I am aware that any false, fictitious, minal, civil, or administrative penalties.	
(Offi	cial Authorized to Sign for the Organization)	(Date)	