**EPA Certification Requirements**

The [William M. Thornberry National Defense Authorization Act for Fiscal Year 2021, Section 223(a)(1)](https://www.congress.gov/116/plaws/publ283/PLAW-116publ283.pdf), page 84 of 1482, states the following:

**Disclosure Requirement**

Each covered individual listed on the application must –

1. Disclose the amount, type, and source of all current and pending research support received by, or expected to be received by, the individual as of the time of the disclosure:
2. Certify that the disclosure is current, accurate, and complete; and
3. Agree to update such disclosure at the request of the agency prior to the award of support and at any subsequent time the agency determines appropriate during the term of the award.

False representations may be subject to prosecution and liability pursuant to, but not limited to, 18 U.S.C. § § 287, 1001, 1031 and 31 U.S.C. § § 3729-3733 and 3802.

For additional information see [Federal Disclosure Requirements](https://osp.utah.edu/policies/research-security/federal-disclosure-requirements.php)

[Please remove this page. EPA Current and Pending Support Certification is limited to 1 page.]



**Applicant Current and Pending Support Certification**

The University of Utah certifies that the following individuals employed by the University of Utah and identified as senior/key persons on this application have been made aware of the certification requirements identified in the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, Section 223(a)(1) (42 USC 6605(a)(1)).

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have read and understand the disclosure requirements and that all disclosures are current, applicant, and complete.**

PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DSS No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have read and understand the disclosure requirements and that all disclosures are current, applicant, and complete.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Organization Representative:**

Name of AOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_