Form 22HC: SANREM CRSP Host Country Subawardee Assurances

An authorized institutional representative and lead principal investigator for the host country institution must read and agree to the following (by answering yes to each item below).

We agree to:

[ ] Yes [ ] No Insure that SANREM CRSP training funds are only used to support training activities in the US of host country nationals, who have obtained J-1 visas through USAID TrainNet system.

[ ] Yes [ ] No Follow SANREM’s USAID Marking and Branding Policy in the publication of all papers, reports, articles, book chapters, and presentations, and provision of equipment.

[ ] Yes [ ] No Comply with SANREM CRSP and USAID Initial Environmental Examination (IEE) policies as defined by 22 CFR 216 prior to initiating any SANREM funded activities involving pesticides, genetically modified organisms, deforestation activities, or discharge of wastes. This involves submission of completed PERSUAP questionnaires to your LTRA-PI and the SANREM CRSP ME as your primary responsibility in completing the approval process. USAID must approve all specified environmental impact activities before the proposed activities can be implemented.

[ ] Yes [ ] No Comply with SANREM CRSP pipeline policies which de-obligate unexpended funds from the previous year’s budget (carryover) exceeding 10% of the previous year’s allocation. Exceptions may be requested through the LTRA Lead PI.

[ ] Yes [ ] No Provide copies of all project-generated information resources and metadata on the resources to the LTRA Lead PI for entry into the SANREM Knowledge Base (SKB).

[ ] Yes [ ] No Provide the LTRA Lead PI with all data, associated metadata, and materials generated through SANREM CRSP funding within six (6) months of the termination of the LTRA. At the request of LTRA PIs, data may be kept confidential for up to one additional year.

We understand that failure to comply with these items will result in either withholding of invoice reimbursements until compliance is achieved or termination of the award.

Signatures:

__________________________________________  ______________________
Principal Investigator       Date
__________________________________________
Print name
__________________________________________  ______________________
Authorized Institutional Representative     Date
__________________________________________
Print name