

## Form 1: Subrecipient/Collaborator RCR

Collaborating Institution:

Subrecipient PI:

Phone Number:

Email:

Sponsor (check one):

- National Science Foundation (NSF): [RCR Policy](#)     National Institute of Health (NIH): [RCR Policy](#)     National Institute of Food and Agriculture (NIFA): [RCR Policy](#)
- Other:

Grant# (if applicable):

WSU ORSO#:

Project Title:

In response to the National Science Foundation (NSF) Responsible Conduct of Research policy (effective Jan. 4, 2010), Washington State University requires subrecipients receiving NSF, NIH, or NIFA funding to certify that the institution has a plan to provide appropriate training and oversight in responsible and ethical conduct of research. WSU will collect this information **prior** to issuing a subaward.

1. Check here if you are the Authorized Representative for your Institution and are acknowledging that subrecipient/collaborator has an RCR policy that conforms to the requirements of the sponsor listed above.
2. Check here if subrecipient/collaborator does not have an RCR policy that conforms to requirements of above sponsor and agrees to rely on Washington State University's RCR policy and procedures to comply with RCR related regulations.

Organizations checking this option are required to follow WSU's RCR policies and procedures, via [Guideline 8](#). **If funded**, RCR training will be completed via [CITI Training](#).

[CITI New User Registration Instructions here.](#)

For Step 1: select Washington State University as your organization.

For Step 5: select No for CEU credit. For Step 6: enter N/A for WSU ID.

Once completed send a copy of your training certificate to [orso@wsu.edu](mailto:orso@wsu.edu).

3. Name(s) of individuals working on this project who will be required to complete the RCR training **if funded**:

Subrecipient PI:

Key Personnel:

Key Personnel:

Key Personnel:

**Certification:** As the Authorized Representative, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. Furthermore, I certify that subrecipient/collaborator will comply to applicable RCR regulations, including, but not limited to those set forth in NIH, NSF, or USDA/NIFA RCR policy.

Authorized Representative signature:

Print Name:

Date: