Department of Health & Human Services
Administration for Community Living

ACL Center:	National Institute on Disability, Independent Living, and Rehabilitation Research
Funding Opportunity Title:	Small Business Innovation Research Program (SBIR)
Funding Opportunity Number:	

Certifications and Statements

The applicant must respond to the following certifications and statements as required by the Small Business Administration.

The completed certification form must then be uploaded to the application in Grants.gov under the section for "Attachments."

Certification for Applicants that are Majority-Owned by Multiple Venture Capital Operating Companies, Hedge Fund or Private Equity Firms.

Any small business that is majority-owned by multiple venture operating companies (VCOCs), hedge funds or private equity firms and are submitting a SBIR application must complete this certification prior to submitting an application. This includes checking all of the boxes and having an authorized officer of the applicant sign and date the certification each time it is requested.

Please read carefully the following certification statements. The Federal government relies on the information to determine whether the business is eligible for a Small Business Innovation Research (SBIR) Program award and meets the specific program requirements during the life of the funding agreement. The definitions for the terms used in this certification are set forth in the Small Business Act, SBA regulations (13 C.F.R. Part 121), the SBIR Policy Directive and also any statutory and regulatory provisions referenced in those authorities.

If the funding agreement officer believes that the business may not meet certain eligibility requirements at the time of award, they are required to file a size protest with the U.S. Small Business Administration (SBA), who will determine eligibility. At that time, SBA will request further clarification and supporting documentation in order to assist in the verification of any of the information provided as part of a protest. If the funding agreement officer believes, after award, that the business is not meeting certain funding agreement requirements, 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.

Department of Health & Human Services
Administration for Community Living

ACL Center:	National Institute on Disability, Independent Living, and Rehabilitation Research
Funding Opportunity Title:	Small Business Innovation Research Program (SBIR)
Funding Opportunity Number:	

The undersigned has reviewed, verified and certifies that:

(1) The applicant is NOT more than 50% owned by a single VCOC, hedge fund or private equity firm.

Yes No

(2) The applicant is more than 50% owned by multiple domestic business concerns that are VCOCs, hedge funds, or private equity firms.

Yes No

(3) I have registered with SBA at www.SBIR.gov as a business that is majority-owned by multiple VCOCs, hedge funds or private equity firms.

Yes No

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

All the statements and information provided in this form and any documents submitted are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that, in general, these statements are made for the purpose of determining eligibility for an SBIR funding agreement and continuing eligibility.

I understand that the certifications in this document are continuing in nature. Each SBIR funding agreement for which the small business submits an offer or application or receives an award constitutes a restatement and reaffirmation of these certifications.

I understand that I may not misrepresent status as small business to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the SBIR Program.

I am an officer of the business concern authorized to represent it and sign this certification on its behalf. By signing this certification, I am representing on my own behalf, and on behalf of the

Department of Health & Human Services
Administration for Community Living

ACL Center:	National Institute on Disability, Independent Living, and Rehabilitation Research
Funding Opportunity Title:	Small Business Innovation Research Program (SBIR)
Funding Opportunity Number:	

SBIR applicant or awardee, that the information provided in this certification, the application, and all other information submitted in connection with this application, is true and correct as of the date of submission. I acknowledge that any intentional or negligent misrepresentation of the information contained in this certification may result in criminal, civil or administrative sanctions, including but not limited to: (1) fines, restitution and/or imprisonment under 18 U.S.C. §1001; (2) treble damages and civil penalties under the False Claims Act (31 U.S.C. §3729 et seq.); (3) double damages and civil penalties under the Program Fraud Civil Remedies Act (31 U.S.C. §3801 et seq.); (4) civil recovery of award funds, (5) suspension and/or debarment from all Federal procurement and nonprocurement transactions (FAR Subpart 9.4 or 2 C.F.R. part 180); and (6) other administrative penalties including termination of SBIR/STTR awards.

Signature:

Date:

Print Name (First, Middle, Last)

Title:

Business Name:

Small Business Certification

Does the offeror certify that it is a small business concern and meets the definition as stated in the program solicitation or that it will meet that definition at the time of award?

Yes No

Department of Health & Human Services
Administration for Community Living

ACL Center:	National Institute on Disability, Independent Living, and Rehabilitation Research
Funding Opportunity Title:	Small Business Innovation Research Program (SBIR)
Funding Opportunity Number:	

Number of Employees including all affiliates (average for preceding 12 months):

Socially and Economically Disadvantaged SBC Certification

Does the offeror qualify as a socially and economically disadvantaged SBC and meet the definition as stated in this program solicitation?

Yes No

Woman-owned SBC Certification

Does the offeror qualify as a woman-owned SBC and meet the definition as stated in this program solicitation?

Yes No

HUBZone-owned SBC Certification

Does the offeror qualify as a HUBZone-owned SBC and meet the definition as stated in this solicitation?

Yes No

The website listed below contains information about the SBA's HUBZone program: http://www.sba.gov/hubzone/

Historical Black College or University or Minority Institution (HBCU/MI) Certification

Is a Historically Black College or University or Minority Institution (HBCU/MI) participating in this effort as a subcontractor?

Yes No

If yes, please provide the name of the entity proposed:

Primary Employment Certification

Is the primary employment (51 percent of more time) of the principal investigator with the proposing firm?

Yes No

Department of Health & Human Services
Administration for Community Living

ACL Center:	National Institute on Disability, Independent Living, and Rehabilitation Research
Funding Opportunity Title:	Small Business Innovation Research Program (SBIR)
Funding Opportunity Number:	

Corporate Entity Certification

Is more than 50 percent of the firm owned or managed by a corporate entity?

Yes No

Manufacturing-Related Project Certification

If R/R&D from an eventual Phase II award leads to a completed product is it possible that this product will be manufactured (e.g. production) on a wide scale basis?

Yes No

In cases where there is a tie in the award selection process, HHS will give priority to projects that are manufacturing-related. (This "tie-breaker" specification allows the HHS program to apply an additional preference without compromising the quality standards or established criteria of the program.)

Required Certification to Submit with Interim and Final Reports

Submission of this certification is required with the all interim reports and the final report:

•I certify that the Principal Investigator currently is___, is not___ "primarily employed" by the firm as defined in the SBIR solicitation.

•I certify that the work under this project has___, has not___, been submitted for funding to another Federal agency and that it has___, has not____ been funded under any other Federal grant, contract, or subcontract.

•I certify that to the best of my knowledge the work for which payment is hereby requested was performed in accordance with the award terms and conditions and that payment is due and has not been previously requested.

•I certify that to the best of my knowledge, (1) the statements herein (excluding scientific hypotheses and scientific opinions) are true and complete; and (2) the text and graphics in this report as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision.

•I understand that the willful provision of false information or concealing a material fact in this report or any other communication submitted to the Federal government is a criminal offense (U.S. Code, title 18, Section 1001).

Authorized Company Officer:

Signature: _____ Date: _____

Department of Health & Human Services
Administration for Community Living

ACL Center:	National Institute on Disability, Independent Living, and Rehabilitation Research
Funding Opportunity Title:	Small Business Innovation Research Program (SBIR)
Funding Opportunity Number:	

Principal Investigator:

Signature: _____ Date: _____

Statements

The applicant must respond to the following statements required by the Small Business Administration.

Duplicate Research Statement

The applicant and/or principal investigator (choose one: has or has not) submitted proposals for essentially equivalent work under other Federal program solicitations.

The applicant and/or principal investigator (choose one: has or has not) received other Federal awards for essentially equivalent work. (For more information regarding how to identify proposals and/or awards, see Section (III)(E)(10), Technical Content (Project Narrative), Similar Proposals or Awards).

Disclosure Permission Statement

Will the applicant permit the Government to disclose the title and technical abstract page of the proposed project, plus the name, address, and telephone number of the corporate official of the applicant's firm, if the proposal does not result in an award, to concerns that may be interested in contacting you for further information?

Yes No

For further information, please contact:

NIDILRR

Brian Bard

330 C Street, SW

Washington, DC 22201