



## Post Review Attestation

Title of Request: «Title»

Amount of award

(Include direct and indirect) : **«Total»**

PI Name: «PI First» «PI Middle» «PI Last», «Suffix»

### The principal investigator and the signing official must attest to the following:

- I hereby represent that I will not accept funding from, nor have an affiliation or contractual relationship with, a company engaged in the manufacture of tobacco or tobacco products for the purpose of event sponsorships, curriculum, grants programs, research, evaluation, or other similar activities during the term of the grant from the Oklahoma Tobacco Settlement Endowment Trust (TSET). The applicant further certifies that it will not engage in the manufacture of tobacco products during the term of the grants. This restriction does not apply to the growth or use of non-commercial tobacco for ceremonial use.
- Funds for the request will be transferred at intervals and/or as work is performed.
- There does not appear to be any conflict of interest.
- A final progress report will be required for final payment.
- Equipment purchased will be reimbursed by OCASCR to the amount of the award and on receipt of invoice.
- Travel awards will be reimbursed directly to the traveler or the organization with appropriate receipts.
- If an award is approved for research involving human subjects and/or experimental animals, appropriate committee certification(s) will be required prior to receiving funds.

PI Signature

Date

\_\_\_\_\_  
All of the above is true to the best of my knowledge. I agree to accept responsibility for the appropriate conduct of the project and to provide the required progress reports.

Signing  
Official's  
Signature  
Printed Name  
and Title

Date

\_\_\_\_\_  
All of the above is true to the best of my knowledge. I swear that I am duly authorized legally to bind the grant recipient, contractor, or principal investigator (as applicable) to the above described certification. I am fully aware that this representation, executed on the date above, is made under penalty of perjury under the laws of the State of Oklahoma. I accept the obligation to comply with OCASCR terms and conditions.



## Memorandum of Understanding

### Amount of award

(Include direct and indirect) : **«Total»**

Title of Request: **«Title»**

PI Name: **«PI First» «PI Middle» «PI Last», «Suffix»**

This Memorandum of Understanding sets forth how the grantee will work with the Oklahoma Center for Adult Stem Cell Research.

1. The Oklahoma Center for Adult Stem Cell Research (OCASCR) under a contract with the Oklahoma Tobacco Settlement Endowment Trust is providing the funding for the grant. This award is contingent upon OCASCR receiving TSET funding.
2. The OCASCR only supports work with adult stem cells and regenerative medicine as well as studies with experimental animal models. The definition of "adult" includes human umbilical cord blood cells.
3. The Principal Investigator (PI) will communicate with OCASCR if there is any reason why the objectives of the grant cannot be accomplished.
4. Press releases and announcements concerning OCASCR will be prepared with knowledge and review and approval of the OCASCR.
5. The PI represents that the purchase, use or sale of goods or services covered by this Memorandum of Understanding to the best of its knowledge do not and will not infringe any patent, trademark, copyright, trade secret or other intellectual property right.
6. All presentations and publications resulting from work under this Memorandum of Understanding will appropriately acknowledge the support of OCASCR and TSET and will not contain any media or data elements that might include confidential, proprietary, or private personal information without appropriate permissions and/or releases from OCASCR. A standard for "appropriate acknowledgement" is available from the OCASCR.
7. This Memorandum of Understanding may be amended with the approval of signing parties.
8. Nothing in this Memorandum of Understanding is intended to contradict, amend, or supersede and other contract between the PI institution and OCASCR.
9. The process related to the grant will be followed as detailed below. Changes to the processes may occur and the PI will be notified of changes. Please submit the following forms as soon as possible after receiving information of acceptance of grant.

Before any work begins, you must submit the following documents:

- Signed Post Review Attestation Form
- Signed memorandum of understanding
- Signed Certification of Non- Acceptance of Tobacco Funds
- Non-collusion certification
- Workers' Compensation Insurance Coverage Form
- Appropriate documents for institutional human subject, animal, and/or biosafety protocol approvals

### Monitoring Your Award

Grantees are responsible for managing the day-to-day operations of their grants and maintaining records of all expenditures and activities. To fulfill its role in regard to the stewardship of Tobacco Settlement Endowment Trust funds, Oklahoma Center for Adult Stem Cell Research (OCASCR) is accountable for monitoring the awards.

### Monitoring Expenditures

Applicant organizations are required to have financial systems in place to monitor grant expenditures. Periodic progress reports will be required (see below).

### Progress Reports

Below is a schedule of due dates for formal progress reports and invoices. All grants require a final report.

Type of Grant	Frequency of Progress Report and Invoices
<b>Research Grant</b>	Twice per year reports are needed after the beginning of the project, due on January 31 and July 31. Invoices should be submitted at least quarterly (monthly, if possible).
<b>Educational or Travel Grant</b>	No formal report is required, but reimbursement occurs when receipts are received. On the report/invoice form, a brief narrative (100 words or less) will be required related to the meeting that was attended and any information that was gained.
<b>Equipment Grant</b>	A brief narrative will be required related to the placement of the equipment and plan for communicating the availability with others.  1 year after installing the equipment, the equipment report should be submitted.

Important additional requirements include maintenance of valid IRB approval if the project involves human subjects. Likewise, evidence must be given of formal IACUC approval for projects utilizing experimental animals.

### Close Out

OCASCR closes out grants as soon as possible after expiration. Closeout of a grant does not automatically cancel any requirements for record retention, property, or financial accountability. A final report is due at the end of the period of support and must be received before final payment. Recipients are requested to report publications and achievements that occur after closeout that were facilitated by OCASCR funding.

### Record Retention

Grantees must retain records for a period of 5 years.



The undersigned parties represent and warrant that they are authorized representatives of the respective research organizations.

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PI Signature

Date

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PI printed name

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Signing Official Signature

Date

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Signing Official's Printed Name



**Oklahoma Tobacco Settlement Endowment Trust  
Certification of Non-Acceptance of Tobacco Funds**

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**Company/Organization/Principal Investigator Name**

The applicant named above hereby certifies that it will not accept funding from, nor have an affiliation or contractual relationship with, a company engaged in the manufacture of tobacco or tobacco products for the purpose of event sponsorships, curriculum, grants programs, research, evaluation or other similar activities during the term of the grant from the Oklahoma Tobacco Settlement Endowment Trust. The applicant further certifies that it will not engage in the manufacture of tobacco products during the term of the grant. This restriction does not apply to the growth or use of non-commercial tobacco for ceremonial use.

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**CERTIFICATION**

I, the official named below, hereby swear that I am duly authorized legally to bind the grant recipient, contractor, or principal investigator (as applicable) to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of Oklahoma.

Director of Agency or Principal Investigator:

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Signature

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Date

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Printed Name and Title



## Non-collusion certification

Solicitation or Purchase Order #: Oklahoma Center for Adult Stem Cell Research

Supplier Legal Name: \_\_\_\_\_

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### SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
  - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
  - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
  - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor
  - d. to any collusion with any state agency or political subdivision official or employee as to create a sole-source acquisition in contradiction to Section 85.45j.1. of this title.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

### SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

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The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

☐ the competitive bid attached herewith and contract, if awarded to said supplier;

☐

OR

☒ the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

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Supplier Authorized Signature

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Certified This Date

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Printed Name

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Title

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Phone Number

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Email



## Workers' Compensation Insurance Coverage

### Proof of Workers' Compensation Insurance coverage.

Proof of Workers' Compensation Insurance is required by TSET for all entities that receive TSET grant funds and enter into a grant contract with TSET. The certificate of insurance showing compliance with the Oklahoma Administrative Workers' Compensation Act must be provided to TSET prior to receipt of the grant funds and before work begins.

Worker's Compensation Insurance Policy # \_\_\_\_\_

Policy Expires: \_\_\_\_\_ Carrier's Name: \_\_\_\_\_

Is a Certificate of Workers' Compensation coverage attached? ☐ YES ☐ NO

Failure to provide the Certificate of Insurance in a timely manner will result in cancellation of the grant award.

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### Exemption from the Workers' Compensation Act.

If a grantee claims that it is exempt from the Oklahoma Administrative Workers' Compensation Act, prior to receipt of grant funds and commencement of work the grantee must submit to TSET a statement sworn under penalty of perjury, dated and signed by the grantee, establishing the factual basis for an exemption under any of the exemptions provided for in the Workers' Compensation Act under Title 85A O.S. Section 2(18)(b)(1-11).

Is an Exemption Statement (Under Penalty of Perjury) attached? ☐ YES ☐ NO

**I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

Edition: TSET 2/2020  
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