APPENDIX E

SUBAWARD RELEASE OF CLAIMS

Subaward Number: _______________ Prime Award Number: _______________
Subrecipient Name: _______________________________________________________

Please check all boxes as appropriate, sign, date, and return to the attention of the University of Maryland Baltimore Sponsored Programs office at subteam@ordmail.umaryland.edu, (410-706-6723) within 10 business days.

Section 1: FINAL TECHNICAL REPORT/DELIVERABLES
[ ] All Final Technical Reports or deliverables required under the above referenced Subaward/Subcontract have been provided directly to the University of Maryland Baltimore Lead Investigator. (*Subrecipient is directed to submit Final Technical Reports prior to completing and returning this certification.*)

Section 2: FINAL INVOICE
[ ] A Final Invoice has been submitted to the University of Maryland Baltimore and there are NO additional claims to be filed against this subaward. (*No further claims will be honored after this box has been checked and the form signed and returned.*)

Section 3: PATENT REPORT
[ ] There are no inventions to be reported under this subaward, OR
[ ] An invention has resulted from the performance of this Subaward and:
  [ ] A completed Invention Disclosure has previously been submitted to the University of Maryland Baltimore Office of Technology Transfer, OR
[ ] A completed Invention Disclosure is attached to this form.

Section 4: FEDERAL GOVERNMENT FURNISHED EQUIPMENT
[ ] No Government furnished equipment was provided under this Subaward, OR
[ ] Government Property/Equipment was furnished to the Subrecipient under this Subaward and has either been delivered to the government or disposition of title has been requested of the Government by the Subrecipient.

Section 5: PROPERTY REPORT
[ ] No reportable capital equipment was purchased with funds awarded under this Subaward, OR
[ ] Reportable capital equipment was purchased under this Subaward and a Final Property Report is attached.

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_______________________________________ _________________
Authorized Signature  Date

_______________________________________ _________________
Printed Name  Title