EXHIBIT 2

Subrecipient Assurance Form

I certify that I or my employer have enacted a financial conflict of interest policy that is in compliance with applicable federal regulations, including 42 CFR § 50.604. I or my employer provide assurances to the University that any conflicts related to the project under consideration have been managed, reduced or eliminated pursuant to my or my employer's policy. Additionally, I and my employer agree to comply with my or my employer's financial conflicts of interest policy. I attach to this Assurance Form my or my employer's financial conflict of interest Form.

Investigator's Printed Name, Signature and Date

_____