

# INDIVIDUAL CERTIFICATION: GSA SAM EXCLUSION

Print Name of Certifying Individual: \_\_\_\_\_

I hereby certify and agree as follows:

1. I have been advised that a person with a name like mine appears on the System for Award Management exclusion list maintained by the United States General Services Administration (GSA SAM List).
2. I have been given the information printed from the GSA SAM List. A copy of the information is attached.
3. I have reviewed the attached information carefully. To the best of my knowledge:
  - (a) I (am \_\_\_\_, am not \_\_\_\_) the person whose name appears on the GSA SAM List; and
  - (b) I am aware of no reason why I would have an exclusion record in the GSA SAM List.
4. I will notify BU Sponsored Programs immediately if I am made aware that any of the statements I made in this certification were incorrect.
5. I will notify BU Sponsored Programs immediately if, at any time after the date below, I am excluded from receiving Federal grants, contracts, or certain types of Federal financial and non-financial assistance and benefits.
6. I have read this statement carefully and have had the opportunity to ask questions. I hereby certify the information I provided is correct, and I understand that any misrepresentation, if discovered, may result in disciplinary action by Boston University up to and including termination of employment.

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

Date: \_\_\_\_\_