

SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to UARSC. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the authorized institutional representative prior to proposal submission.

Subrecipient's Legal Name:

Subrecipient's Principal Investigator:

UARSC's Principal Investigator:

Prime Sponsor:

UARSC's Proposal Title:

Subrecipient Total Funds Requested:

Performance Period Begin Date:

End Date:

Section A: Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below:

STATEMENT OF WORK (Required)

BUDGET AND BUDGET JUSTIFICATION (Required)

Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (If required by prime sponsor)

Section B: Certifications

1. Facilities & Administrative Rates included in this proposal have been calculated based on the following:

Our federally negotiated F&A rates for this type of work. If this box is checked, a copy of your F&A rate agreement *must* be furnished to UARSC Sponsored Projects.

A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: _____ Base: _____

Other rates as specified in Section F: Comments (if applicable, attach DCAA documentation)

Not applicable (No indirect cost are requested by Subrecipient).

2. Fringe Benefit Rates included in this proposal have been calculated based on the following:

Rates are consistent with or lower than our Federally-negotiated rates. If this box is checked, a copy of your Federal fringe benefit rate agreement *must* be furnished to UARSC Sponsored Projects.

Other rates as specified in Section F: Comments (please specify the basis on which the rate has been calculated)

3. Human Subjects YES NO

If **YES**, IRB approval must be provided before any subaward can be issued. Please forward IRB certification documents to UARSC's Sponsored Projects Office as soon as they become available. Please indicate the UARSC Principal Investigator's name for reference.

If **YES and** NIH funding is involved:

- Have all key personnel completed human subjects training at the subrecipient's institution? YES NO
- Please attach a list of key personnel who are on this project on a separate sheet.
- Please have all key personnel take [CITI's human subjects training](#).

Please provide your institution's Animal Assurance number: _____ Expiration Date: _____

If you do not have one on file, you will need to apply for one and provide it to us before any subaward will be issued.

4. Animal Subjects YES NO

If **YES**, a copy of the IACUC approval must be provided before any subaward will be issued. Please forward these documents to UARSC' Sponsored Projects Office as soon as they become available. Please indicate the UARSC Principal Investigator's name for reference.

If **YES and** NIH funding is involved:

Please provide your institution's Animal Assurance number: _____ Expiration Date: _____

If you do not have one on file, you will need to apply for one and provide it to us before any subaward will be issued.

5. Stem Cells YES NO

If YES, a copy of the Stem Cell approval must be provided before any subaward will be issued. Please forward these documents to UARSC's Sponsored Projects Office as soon as they become available. Please indicate the UARSC Principal Investigator's name for reference.

6. Dual Use Research of Concern (DURC)

Not applicable.

Will this project use one or more of the following agents or toxins? (Check all that apply):

Marburg virus	Reconstructed 1918 Influenza virus	Avian influenza virus (highly pathogenic)
Variola minor virus	Variola major virus	Toxin-producing strains of Clostridium botulinum
Rinderpest virus	Yersinia pestis	Bacillus anthracis
Botulinum neurotoxin	Francisella tularensis	Foot-and-mouth disease virus
Burkholderia mallei	Burkholderia pseudomallei	Ebola virus

If at least one box is checked a copy of your Institution's Review Entity determination as to whether the research qualifies as DURC must be provided. Once we receive it and it is determined by PHS/NIH that the research is in fact DURC, a copy of the mitigation plan must be provided to UARSC before any subaward will be issued. Please forward these documents to UARSC's Sponsored Projects Office as soon as they become available. Please indicate the UARSC Principal Investigator's name for reference. For more information please see NIH Guide notice NOT-OD-15-017.

7. Genomic Data Sharing Policy (Applicable to projects funded by PHS/NIH, see announcement NOT-OD-14-124) YES NO

If YES, a copy of the Institutional Certification for large-scale human genomic data must be provided before any subaward will be issued. Please forward these documents to UARSC's Sponsored Projects Office as soon as they become available. Please indicate the UARSC Principal Investigator's name for reference. Additionally, investigators are expected to make all large scale data (human and non-human) publicly available through a data repository (e.g. dbGaP, GEO, SRA).

8. Cost Sharing YES NO

If YES, explanation of Cost Sharing sources *must* be included in the subrecipient's budget. Please note that an annual verification of cost share commitment will be required.

9. Conflict of Interest

Applicable to NSF, including NSF flow-through or any other program *except* PHS/NIH requiring Federal Financial disclosure.

Not applicable because this project is not being funded by NSF or any other program requiring Federal Financial disclosure.

Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of [NSF Award & Administration Guide Chapter IV.A](#).

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UARSC's [Conflict of Interest policy](#).

10. Public Health Service Financial Conflict of Interest

Applicable to projects funded by PHS/NIH, or any other program requiring DHHS Financial Conflict of Interest (FCOI) disclosure.

Not applicable because this project is not being funded by PHS/NIH or any other program requiring DHHS FCOI.

Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UARSC's policy. See: Conflict of Interest policy for the text of UARSC [Conflict of Interest policy](#).

11. Ethics in Research Training

Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training.

Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.

Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

12. Research Misconduct

Applicable to projects funded by PHS/NIH

Not applicable because this project is not being funded by PHS/NIH.

Subrecipient organization/institution hereby certifies that it has completed and submitted the [Assurance of Compliance by Sub-Award Recipients](#).

13. Debarment, Suspension, Proposed Debarment

Is the PI or any other employee or student participating in this project, debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? YES NO

If YES, please explain in Section F: Comments.

If NO, the Organization Certifies they: (answer all questions below)

are are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts

are are not presently indicted for, or otherwise criminally or civilly charged by a government agency

have have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining , attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commissions of contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements or receiving stolen property.

have have not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

14. Is the Subrecipient a for-profit entity? YES NO

If YES, please complete and attach [Payee Data Record Form 204](#).

Section C: Audit Status

- | | | | |
|----|--|-----|----|
| 1. | Does the subrecipient receive an annual audit in accordance with OMB Circular A-133/Uniform Guidance ? | YES | NO |
| | If YES; a) Has the audit been completed for the most recent fiscal year? | YES | NO |
| | b) Were there any audit findings reported? | YES | NO |

If NO, UARSC requires that the entity complete and attach a [Financial Management Systems Questionnaire](#).

Section D: Subrecipient Institutional Information

1. Location of Subrecipient Address:

City, State, Zip:

Congressional District:

Primary Place of Performance (If primary place of performance is different than Location of Subrecipient)

Address (City, State, Zip):

Congressional District:

2. Subrecipient DUNS Number:

3. Subrecipient EIN Number:

4. Subrecipient NAICS Code:

5. Is Subrecipient owned or controlled by a parent entity? YES NO If YES, provide information for the parent entity below:

Address (City, State, Zip):

Congressional District:

Parent DUNS Number:

Parent EIN Number:

6. Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) YES NO

If NO, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the SAM (System for Award Management) home page (U.S. organizations will also need to provide an Employer Identification Number (EIN) from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your CCR registration will take 3-5 business days to process. Subrecipient *must* maintain their current information in CCR.

7. Does the Subrecipient or the Subrecipient's Principal Investigator have an existing relationship with UARSC or UARSC's Principal Investigator? YES NO If YES, please describe relationship in Section F: Comments.

8. Federal Funding and Accountability Transparency Act (FFATA)

Provide the names and total compensation of the five (5) most highly compensated officers of the subrecipient entity if:

- a. The recipient in its preceding fiscal year received:
 - i. 80 percent or more of its annual gross revenues in Federal awards; **AND**
 - ii. 25,000,000 or more in annual revenues from the Federal awards; **AND**
- b. The public does NOT have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S. C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Service Code of 1986 [26 USC 6104]
- c. If YES to a and b: Attach List
- d. If NO to a and/or b: check this box

Section E: Subrecipient Requirements and Responsibilities

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor. The following chart outlines the differences. Please check all that apply.

Subrecipient	Contractor
Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the Federal program.	Provides goods and services that are related to the operation of the Federal program.
Will use the Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of UARSC.	Provides the goods and services purchased with the Federal funds within normal business operations.
Is responsible for adhering to applicable Federal program requirements specified in the Federal award.	Provides similar goods or services to many different purchasers.
There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions.	Is not subject to the compliance requirements of the Federal program as a result of the agreement with UARSC.
	Normally operates in a competitive environment.

Yes No My organization is properly categorized as a subrecipient as described above.

If "No," please contact the UARSC PI about procuring your organization's products and services as a contractor.

Section F: Comments (please attach additional pages if necessary)

Approved for Subrecipient

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Institutional Representative

Street Address

Typed Name of Subrecipient's Authorized Institutional Representative

City, State, Zip

Title of Subrecipient's Authorized Institutional Representative

Phone

Fax

Date

Email Address