

# SUBRECIPIENT COMMITMENT FORM



## SECTION A: Basic Proposal Information

### UNCG Information

PI: \_\_\_\_\_  
Prime Sponsor: \_\_\_\_\_ Federal?   
Proposal Title: \_\_\_\_\_  
\_\_\_\_\_  
Total Budget: \_\_\_\_\_  
Period of Performance: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Subrecipient Information

PI: \_\_\_\_\_  
Organization Legal Name: \_\_\_\_\_  
\_\_\_\_\_  
Sub. Budget Total: \_\_\_\_\_  
Cost-Sharing Amount: \_\_\_\_\_  
Period of Performance: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION B: Subrecipient Proposal Information

### Subrecipient PI or Administrative Contact: (Required)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Subrecipient Authorized Official (AO): (Required)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Fringe Benefit Rates included in this project are calculated based on: (Required)

- Rates consistent with or lower than subrecipient organization's federally negotiated rates.  
 Other rates: \_\_\_\_\_

### Facilities and Administrative Rates for the proposal are calculated based on: (Required)

- Subrecipient Organization's federally negotiated F&A rates for this type of work.  
 A restricted F&A rate published by the Federal sponsoring agency. Rate: \_\_\_\_\_% on base: \_\_\_\_\_  
 Other rates: \_\_\_\_\_  
 Not applicable, subrecipient is not requesting payment of F&A costs.

### Research Subjects Information (Required)

#### Human Subjects

- Yes  No Human Subjects will be involved in the subrecipient's portion of this project. FWA #: \_\_\_\_\_

#### Vertebrate Animal Care and Use

- Yes  No Animals will be involved in subrecipient's portion of this project. IACUC Assurance #: \_\_\_\_\_

#### Recombinant DNA and Transgenic Organisms

- Yes  No Recombinant DNA and/or transgenic organisms will be used in the subrecipient's portion of this project.

### Export Controlled Data/Materials/Equipment (Required)

- Yes  No Does Subrecipient Scope of Work involve foreign travel; sending/transporting or receiving anything from outside of the U.S.; OR is any member of the research team a Foreign National? If "Yes," list name(s) and country(ies): \_\_\_\_\_

### Other Compliance Certifications (Required) Subrecipient's proposal work involves/may involve the following (check all that apply):

- Stem Cells  Clinical Trials  Select Agents  Confidential Information  Proprietary Materials

## SECTION C: Subrecipient Organization Information

Is organization profile listed in the FDP Expanded Clearinghouse online system? If yes, provide URL, and skip to section E:

DUNS #: \_\_\_\_\_ Federal Employer ID Number (EIN): \_\_\_\_\_

SAM Registered?  Yes Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  No US Congressional District: \_\_\_\_\_

F/A Rate URL: \_\_\_\_\_

Subrecipient is identified as:

- \_\_\_\_\_  Other: \_\_\_\_\_

## SECTION D: Subrecipient Eligibility

- Yes  No Is the subrecipient organization, PI, or any other employee/student planning to participate in the project presently disbarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts?
- Yes  No Is the subrecipient presently indicted or otherwise criminally or civilly charged by a government entity?
- Yes  No Has the subrecipient had one or more contracts terminated for default by any federal agency within three (3) years?
- Yes  No Within three (3) previous years, has subrecipient organization 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 of 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.

## SECTION E: Certifications

### Audit Status (Required)

- Yes  No Does the subrecipient organization receive an annual audit in accordance with 2 CFR 200 ("Uniform Guid.")?

If "Yes": - Provide a URL link to the most recent audit report: \_\_\_\_\_

- Were there any findings or exceptions noted in the most recent audit?  Yes  No. If "Yes," attach explanation.

- In the last 3 years, have any material weaknesses been identified in subrecipient organization's single audit report?

Yes  No. If "Yes," provide a URL link to the report: \_\_\_\_\_

If "No": - Indicate why Subrecipient is not subject to these audit requirements.

Subrecipient organization is:

### Conflict of Interest (COI) Policy and Procedures (Required)

Subrecipient has an active and enforced Conflict of Interest Policy that is consistent with the provision of 42 CFR part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research and 42 CFR part 94."

The Subrecipient does not have an active and/or enforced COI policy and hereby agrees to abide by UNCG's policy and related procedures, as specified at <http://sponsoredprograms.uncg.edu/conflict-of-interest/>

### Federal Financial Accountability & Transparency Act (FFATA) Information (Required if box is checked: )

Yes  No Is entity exempt from reporting compensation?

The FFATA Act requires a prime awardee to provide the names and total compensation of the five most highly compensated officers **if** the entity in the preceding fiscal year received 80% or more of its annual gross revenues in Federal awards; **and** \$25,000,000 or more in annual gross revenues from Federal awards; **and** the public does not have access to information about the compensation of the senior executives. (details: <https://www.fsr.gov/#a-fags>)

## SECTION F: Certifications, Part 2

### Fiscal Compliance (Required). Subrecipient:

- Yes  No has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received.
- Yes  No maintains internal controls to assure that it manages Federal awards in compliance with applicable laws, regulations, and the provision of contracts and grants.
- Yes  No can prepare appropriate financial statements, including schedule of expenditures of Federal awards.

### Responsible Conduct of Research (RCR) Training (Required if box is checked: , and sponsor is PHS/NIH or NSF)

Yes  No NIH: Subrecipient Organization will monitor and maintain records of individual RCR training plans in accordance with [NIH's RCR training requirements](#) for [NIH Grants for Training and Fellowship awards](#).

Yes  No NSF / USDA-NIFA: Subrecipient Organization has a training program in place and will train all undergraduate and graduate students and postdoctoral trainees [in accordance with NSF](#) or [USDA-NIFA's RCR requirements](#).

### Findings of Sexual Harassment, Other Forms of Harassment, or Sexual Assault (Required if box is checked: , and sponsor is NSF)

Yes  No Entity is aware of and acknowledges requirements of the NSF term and condition entitled "Notification Requirements Regarding Findings of Sexual Harassment, Other Forms of Harassment, or Sexual Assault."

Term details and more information: [https://www.nsf.gov/od/odi/term\\_and\\_condition.jsp](https://www.nsf.gov/od/odi/term_and_condition.jsp). Note: In the event that a notice to NSF is required, and a co-PI is affiliated with a subawardee organization, the Authorized Organizational Representative of the subawardee must provide the requisite information directly to NSF, as instructed in the Federal Register Notice [83 FR 47940](#), published 9/21/2018.

## SECTION G: Subrecipient Official Authorization

The information, certifications, and representations above have been read, signed, and made by an authorized official of the Subrecipient. **All proposal documents included in proposal submission (Scope of Work, Budget, etc.) are covered by the certifications in this form.** The appropriate programmatic and administrative personnel of the subrecipient are aware of the prime funding agency's policy in regards to Subawards and are prepared to establish the necessary interinstitutional agreement consistent with those policies. **Subrecipient understands that any expenses incurred prior to execution of a subagreement are at the Subrecipient's own risk.**

Subrecipient Organizations' Authorized Official's Signature

Date