UMBC

AN HONORS UNIVERSITY IN MARYLAND

SUBRECIPIENT COMMITMENT FORM

Today's Date:

SUBRECIPIENT INFORMATION

SUBRECIPIENT: SUBRECIPIENT'S PI:

UMBC's PI: PRIME SPONSOR:

SUBMITTED PROPOSAL TITLE:

PERFORMANCE PERIOD BEGIN: END:

SUBRECIPIENT FED ID#: SUBRECIPIENT DUNS#:

SUBRECIPIENT CCR REGISTRATION YES NO (circle one)

SUBRECIPIENT INFORMATION ***ARRA FUNDING***

SUB CONGRESS DISTRICT:	e.g., 07
SUB POP STATE CODE:	e.g., MD
SUB POP LOCATION CODE:	e.g., 67675 = Rockville
SUB POP COUNTY CODE:	e.g., 031 = Montgomery Co
SUB POP CONGRESS DISTRICT:	e.g., 08
SUB AREA OF BENEFIT:	e.g., state, county, city, school district
SUB ADDRESS:	
Note, POP = Place of Performance for the research project	

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 & BUDGET JUSTIFICATION (REQUIRED)

☐ SUBRECIPIENT COMMITMENT FORM (REQUIRED) completed and signed by Subrecipient's Authorized Official

☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposals over $550,000)

☐ OTHER:

☐ OTHER:

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SECTION B – Special Review and Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:

☐ Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. (If this box is checked, a copy of your F&A rate agreement must be furnished to UMBC before a subaward will be issued.)

☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)

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

☐ Rates consistent with or lower than our federally-negotiated rates. (If this box is checked, a copy of your FB rate agreement must be furnished to UMBC before a subaward will be issued).

☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).

3. **Cost Sharing** ☐ **Yes** ☐ **No** **Amount:** _____

(Cost sharing amounts and justification should be included in the Subrecipient's budget).

4. **Affirmative Action Compliance**

Indicate in accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2) that your organization has:

☐ A written affirmative action program has been developed and is on file

☐ A written affirmative action program has not been developed

☐ Have not previously had contracts subject to the written affirmative action programs

REGULATORY APPROVALS (Questions 5-9)

For any "**Yes**" answers: Copies of the committee approval form / letter must be attached.

5. **Human Subjects** ☐ **Yes** ☐ **No** **Approval Date & IRB No:**_____

Check **Yes** if proposal includes surveys, interviews, observations or secondary data.

(If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided. If pending, obtain approval as require and forward these documents to UMBC as soon as they become available.)

***If "Yes"*: Have all key personnel involved completed Human Subjects Training?** ☐ **Yes** ☐ **No**

6. **Animal Subjects** ☐ **Yes** ☐ **No** **Approval Date IACUC No.:**_____

(If "Yes": A copy of the IACUC approval must be provided. If pending, obtain approval as require and forward these documents to UMBC's PI as soon as they become available.)

7. **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**

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

SECTION B – Special Review and Certifications (Continued)

☐ Are	☐ Are Not	presently indicted for, or otherwise criminally or civilly charged by a governmental entity
☐ 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 commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property
☐ Have	☐ Have Not	within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency

8. Conflict of Interest (applicable to NIH, NSF, CDC only)

☐ Not applicable because this project is not being funded by NIH, NSF, or CDC

☐ Subrecipient Organization/Institution hereby certifies that it 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." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or though a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UMBC's policy.

9. Fiscal Responsibility

The organization certifies that its financial system is in accordance with generally accepted accounting principles and**:**

☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received

☐ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants

☐ complies with applicable laws and regulations

☐ can prepare appropriate financial statements, including the schedule of expenditures of Federal awards

☐ there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most report that describes the finding and steps to be taken to correct the finding.

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SECTION C – AUDIT STATUS

A-133 Audit Status

Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133? ☐ **Yes** ☐ **No**

***If "Yes"*: Has the audit been completed for the most recent fiscal year?** ☐ **Yes** ☐ **No**

If not, when is it expected to be completed? _____

Were any audit findings reported? ☐ **Yes** ☐ **No**

(If "Yes," explain in Section D, *Comments*, below.)

Note: A complete copy of Subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to UMBC.

***If "No"*: Does the Subrecipient receive overall federal funding of at least $500,000 per year?** ☐ **Yes** ☐ **No**

Is the Subrecipient a:

- ☐ Non-profit entity expending less than $500,000 per year in Federal or Sub-Federal funds annually
- ☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rates
- ☐ For-profit entity that does not expend Federal funds or have annual audits
- ☐ Foreign entity

If a for-profit entity, is the Subrecipient a:

- ☐ Small business
- ☐ Large business

Note: If a subrecipient does not receive an A-133 audit, UMBC will require the entity to complete an Audit Certification and Financial Status Questionnaire, and may require a limited scope audit, before a subaward will be issued.

Name and address of Audit Contact:

SECTION D – COMMENTS

APPROVED FOR SUBRECIPIENT:

The information, certifications and representations above have been read, signed and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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 Official) (Address)

_____ _____

(Type or print name and title of Authorized Official) (City, State, Zip)

_____ _____

(Name and EIN of Subrecipient's Organization/Institution) (Phone) (FAX)

_____ _____

(Date) (Email)