



## SUBRECIPIENT COMMITMENT FORM

**Subrecipient Legal Name:** \_\_\_\_\_

**Subrecipient PI Name:** \_\_\_\_\_

**UMBC PI Name:** \_\_\_\_\_ **Funding Agency:** \_\_\_\_\_

**Proposal Title:** \_\_\_\_\_

**Proposed Budget Amount for Year (1):** DC: \$ \_\_\_\_\_ IDC: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Total Project: DC: \$ \_\_\_\_\_ IDC: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**Performance Period:** Begin (mm/dd/yyyy): \_\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_\_

**Subrecipient FED ID #:** \_\_\_\_\_ **Subrecipient DUNS:** \_\_\_\_\_

Not applicable for foreign entity

**Subrecipient CCR Registration (Check one):**  Yes  No

## SECTION A - PROPOSAL DOCUMENTS

The following documents are included in our proposal submission and covered by the certifications below (check as applicable)

- STATEMENT OF WORK (REQUIRED)**
- BUDGET AND BUDGET JUSTIFICATION (REQUIRED)**
- Biosketches of all Key Personnel, in agency-required format
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## SECTION B - CERTIFICATIONS

1. **Facilities and Administrative Rates included in this proposal have been calculated based on [Check One]:**
  - 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 (specify the basis on which the rate has been calculated in Section D *Comments* below)
  - Subrecipient is an entity without a negotiated indirect cost rate and elects to use the 10% De Minimus rate as described in 200.210 and 200.414 of the Uniform Guidance
  
2. **Fringe Benefit Rates included in this proposal have been calculated based on [Check one]:**
  - 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).
  - We do not have a federally negotiated fringe benefit rate. The fringe benefit expenses charged to the Subaward Agreement will be the actual direct costs of the benefits.
  
3. **Cost Sharing**  Yes **If Yes, amount: \$** \_\_\_\_\_  
 (Cost sharing amounts and justification should be included in the Subrecipient's budget).  
 No
  
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 but one will be developed by time of award
  - A written affirmative action program has not been developed; Subrecipient hereby agrees to abide by UMBC's policy available at: <http://www.usmd.edu/regents/bylaws/SectionVI/>



**5. Subrecipient Business Status**

**\*If Small Business, identify business classification (\*\*certified by Small Business Administration):**

- |   |   |
|---|---|
| <input type="checkbox"/> Institution of Higher Education      | <input type="checkbox"/> Small Disadvantaged Business (SDB)**                   |
| <input type="checkbox"/> Large Business                       | <input type="checkbox"/> Women-Owned Small Business (WOSB)                      |
| <input type="checkbox"/> Small Business*                      | <input type="checkbox"/> Small Minority Business (SMB)                          |
| <input type="checkbox"/> Alaska Native Corporation (ANC)      | <input type="checkbox"/> Veteran-owned Small Business (VOSB)                    |
| <input type="checkbox"/> Historic Black College or University | <input type="checkbox"/> Service Disabled Veteran-Owned Small Business (SDVOSB) |
| <input type="checkbox"/> Other (explain in Section D)         | <input type="checkbox"/> HUBZone Small Business**                               |

**REGULATORY APPROVALS**

**5. Human Subjects**  Yes  No **If yes, approval date & IRB No:** \_\_\_\_\_ **or**  Pending

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 . An approval protocol must be received by UMBC prior to issuance of a Subaward.

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

**6. Animal Subjects**  Yes  No **If yes, approval date & IACUC No:** \_\_\_\_\_ **or**  Pending

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 . An approval protocol must be received by UMBC prior to issuance of a Subaward.

**7. Debarment, Suspension, Proposed Debarment**

Is the Subrecipient 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
- 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 (applies to all projects, check one)**

- Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.) or any other sponsor that has adopted the financial disclosure requirements (NSF, etc.) See [http://sites.nationalacademies.org/PGA/fdp/PGA\\_070596](http://sites.nationalacademies.org/PGA/fdp/PGA_070596) for list of sponsors that adopted federal financial disclosure requirements.
- 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." and 42 CFR Part 94 "Responsible Prospective Contractors". 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 through 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 , but will have a PHS compliant policy in place and published at the time of award . A sample FDP COI policy can be found at [http://sites.nationalacademies.org/PGA/fdp/PGA\\_061001](http://sites.nationalacademies.org/PGA/fdp/PGA_061001)
- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UMBC's policy, which is located at <http://www.umbc.edu/policies/> under Section II (II-8.00.05).

By signing below, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research under any PHS funded contract/grant.

