

University of California, Office of the President
SUBRECIPIENT COMMITMENT FORM

All subrecipients must complete this form when submitting a proposal to UCOP. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized institutional representative to sign.

Subrecipient Institution Name: _____

The following documents included in our subagreement proposal submission are covered by the certifications made herein:

- STATEMENT OF WORK
- BUDGET AND BUDGET JUSTIFICATION

1. **Facilities and administrative rates** included in this proposal have been calculated based on the following:

- ☐ Our federally negotiated F&A rates for this type of work.
- ☐ 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.)
- ☐ Other rates (Please specify in the Notes section below, the basis on which the rate has been calculated.)
- ☐ Not applicable (No indirect cost are requested by subrecipient.)

Notes:

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

- ☐ Rates consistent with or lower than our federally negotiated rates. If this box is checked, a copy of your fringe benefit rate agreement must be furnished.
- ☐ Other rates (Please specify the basis on which the rate has been calculated in Notes section below.)

Notes:

3. **Human Subjects** ☐ Yes ☐ No

If Yes, copies of: 1) IRB certification 2) IRB approved project protocol 3) approved "Informed Consent" form 4) verification of IRB training all documents must be provided before any subaward can be issued. Please return these documents as an attachment to this form. If pending, please forward these documents as soon as they become available. The University may use joint review, seek reliance upon the review of the qualified IRB at Subrecipient institution, or undertake other appropriate arrangements aimed at protecting the rights of human subjects in research.

If Yes, and NIH funding is involved:

Has each person involved in the design or conduct of the proposed project or otherwise identified as Key Personnel completed human subjects training at the subrecipient's institution? ☐ Yes ☐ No

If no, confirmation of completion of training will be required prior to award. Note: NIH Office of Extramural Research offers a free tutorial on "[Protecting Human Research Participants](#)" that institutions may elect to use to meet the human subjects protections education requirement.

4. **Animal Subjects** ☐ Yes ☐ No

If Yes, a copy of the IACUC approval must be provided before any subaward will be issued. If pending, please forward these documents as soon as they become available.

5. **Stem Cells** ☐ Yes ☐ No

If Yes, a copy of the Stem Cell approval must be provided before any subaward will be issued. If pending, please forward these documents as soon as they become available.

6. **Cost-sharing** ☐ Yes ☐ No

(Cost-sharing amounts if applicable, explanation of sources should be included in the subrecipient's budget. Please note that an annual verification of cost-share commitment will be required.)

7. **Conflict of Interest (applicable to NIH, NSF, or any other program requiring federal financial disclosure)**

☐ Is this a NIH proposal? If yes, Subrecipient must complete a Subrecipient Financial Disclosure Documentation Form which will be provided by UC. If subrecipient elects to use the UC COI Policy, Subrecipient must additionally complete the UC PHS Financial Disclosure Form for Subrecipient Investigators.

☐ Is this a NSF Proposal? If yes, does the subrecipient's Principal Investigator, their spouse, or their dependent children have any significant or related financial interests that would:

- Reasonably appear to be affected by the work for which funding is sought,
- Are an agent or employee of the sponsor of the work, or
- Are an agent or employee of the entities whose financial interests would be reasonably affected by the work?

☐ **Yes (if yes, you will be contacted for additional information)**

☐ **No**

8. **Ethics in Research Training (applicable to projects funded by NSF)**

☐ Not applicable because this project is not being funded by NSF.

☐ Not applicable because this is not a research project.

☐ If NSF research proposal, 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.

9. **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:

The Organization Certifies they: (answer all questions below)

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

☐ Are not presently indicted for, or otherwise criminally or civilly charged by a government agency.

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

10. Is Subrecipient a **for-profit entity**? ☐ **Yes** ☐ **No**

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

If No: UCOP requires that the entity complete a Financial Management Systems Questionnaire and may require a limited-scope audit before a subaward can be issued.

If "Yes": Were any significant deficiencies or material weaknesses reported for any federal subawards received from The Regents of the University of California? ☐ **Yes** ☐ **No**

If Yes, please attach an explanation of the measures taken to address these findings.

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

12. Federal System for Award Management (SAM) Registration

Subrecipient must provide their Unique Entity ID (UEI) and certify, by acceptance of this award, that they have registered in the federal System for Award Management at <https://www.sam.gov/portal/public/SAM/>, and that they maintain administrative and financial systems to assist in the management of federal awards.

Subrecipient UEI: _____.

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

Name and title of Authorized Institutional Representative

EIN of Subrecipient's Organization/Institution

Date

CERTIFIED BY SUBRECIPIENT'S PRINCIPAL INVESTIGATOR:

The information contained herein is truthful and accurate to the best of my knowledge. Additionally, as Principal Investigator, I certify that the answer to Question 7, Conflict of Interest, is accurate.

Signature of Subrecipient's Principal Investigator

Name and Title of Subrecipient's Principal Investigator

Date