

SUBRECIPIENT COMMITMENT FORM

To be used when Subrecipient is an FDP Expanded Clearinghouse Pilot (1 or 2). A list of pilot institutions is found at http://sites.nationalacademies.org/cs/groups/pgasite/documents/webpage/pgga_173303.pdf

Subrecipient Legal Name:

Subrecipient PI Name:

Proposal Title:

Performance Period Begin Date: End Date

UMB PI's Name:

Funding Agency

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. Cost Sharing or Matching **Yes** **No** **Amount:**
Cost sharing or Matching amounts and justification should be included in the Subrecipient's budget

2. Human Subjects **Yes** **No** **Approval Date:** **Pending Approval**

If "Yes": Copies of the IRB approval must be provided to UMB. It is understood that no funds may be expended for human subject related activities until all appropriate human subject approvals are in place.

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

3. Animal Subjects **Yes** **No** **Approval Date:** **Pending Approval**

If "Yes": Copies of the IACUC approval must be provided to UMB. It is understood that no funds may be expended for animal related activities until all appropriate animal related approvals are in place.

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 the application are aware of funding agency's policy in regard to subaward and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to the execution of a subaward are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official

Name and Title of Authorized Official

Date