

SUBRECIPIENT COMMITMENT FORM

Subrecipient Legal Name:
 Subrecipient PI Name:
 Address: City: State:
 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. **Facilities and Administrative Rates included in this proposal have been calculated based on:**
(please attach a copy of your F&A rate agreement or provide a URL link to the agreement)

Our F&A rate for this type of work is limited to a published statutory F&A cap by a federal program
 Our federally-negotiated F&A rate for this type of work.
 A rate lower than our federally negotiated F&A rate, as listed in our proposal.
 Our F&A rate for this type of work has been previously negotiated with UMB that we hereby agree to accept.
 10% MTDC de minimus rate (Subrecipient has never had a federally negotiated rate)

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, please attach a copy of your FB rate agreement or provide a URL link to the agreement)
 Other rates (please specify the basis on which the rate has been calculated in Section D Comments below).

3. **Small Business Concern** **Yes** **No**
 Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002

If "Yes": Subrecipient represents that it is a:
 Small disadvantaged business as certified by the Small Business Administration
 Women-owned small business concern
 Veteran-owned small business concern
 Service-disabled veteran-owned small business concern
 HUBZone small business concern

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

5. **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

6. **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.

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7. Conflict of Interest (applicable to PHS & NSF funded projects or agencies that have adopted the federal financial disclosure requirements)

Please check the appropriate responses below

- a. Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), NSF, or any other sponsor that has adopted the federal financial disclosure requirements. See <http://thefdp.org/default/fcoi-clearinghouse/fcoi-agencies/> for list of sponsors that adopted federal financial disclosure requirements

For PHS Funded Projects ONLY:

- b.1** Subrecipient Organization/Institution is listed on the FDP Clearinghouse (<http://thefdp.org/default/fcoi-clearinghouse/compliant-entities/>) and 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 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that to the best of Institution's knowledge, (1) all financial disclosures will be 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 and within a timely manner sufficient to enable timely FCOI reporting.
- b.2** Subrecipient will follow the Conflict of Interest Policy established and enforced by his/her institution. Subrecipient certifies that the Conflict of Interest Policy established is consistent with the provision of 42CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors."
- b.3** Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt the University of Maryland, Baltimore's policy located at <http://www.umaryland.edu/policies-and-procedures/library/academic-affairs/policies/iii-111b.php>
- c.** By signing below, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant. For those adopting University of Maryland, Baltimore's policy, the training is available online at <https://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

8. Debarment and Suspension

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", explain in Section D Comments below)

The Subrecipient 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 |
| Are | Are 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 statement or receiving stolen property. |
| Are | Are not | Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency |

SECTION C – Audit Status

9. Audit Status

Subrecipient receives an annual audit in accordance with Uniform Guidance 2 CFR 200
Most recent fiscal year completed: FY

Subrecipient DOES NOT receive an annual audit in accordance with Uniform Guidance 2 CFR 200.

- Subrecipient is a:
- Non-profit entity (received less than \$750,000 in federal assistance i.e. federal funds, grants or awards)
 - Foreign entity
 - For Profit entity
 - Governmental entity

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SECTION D – COMMENTS (URL link to F&A Rate Agreement, etc.)

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	Legal Name of Subrecipient’s Organization/Institution
Name and Title of Authorized Official	Address
Email	City, State, Zip+4
Phone	Federal Employee Identification Number (EIN)
Date	DUNS or DUNS+4 Number
	Subrecipient’s Congressional District (i.e. MD-007)

Is the Subrecipient owned or controlled by a parent entity? Yes No

If “Yes”, please provide the following:

Parent Entity Legal Name:	
Parent Entity Address, City, State, Zip:	
Parent Entity Congressional District:	
Parent Entity DUNS:	
Parent Entity EIN:	