

## SUBRECIPIENT COMMITMENT FORM

Subrecipient Organization Name \_\_\_\_\_

EIN# \_\_\_\_\_ UEI# \_\_\_\_\_

Subrecipient Street Address \_\_\_\_\_

Subrecipient City \_\_\_\_\_ Subrecipient State \_\_\_\_\_ Subrecipient Zip +4 \_\_\_\_\_

1. Project Title \_\_\_\_\_
2. UMB Principal Investigator \_\_\_\_\_ UMB PI Email \_\_\_\_\_
3. Subrecipient PI \_\_\_\_\_ Sub PI Email \_\_\_\_\_
4. Sub Administrative Contact \_\_\_\_\_ Sub Admin Email \_\_\_\_\_
5. Proposed Project Period Start Date \_\_\_\_\_ End Date \_\_\_\_\_
6. Total Amount Requested \_\_\_\_\_
7. Cost Sharing/Matching/In-Kind included in the proposal (if applicable). Yes  No

Total Cost Share: \$ \_\_\_\_\_

Cost Sharing, matching, and/or in-kind commitments should be included in the subrecipient's budget and budget justification. Third-Party in-kind cost share should be supported by a letter of support signed by an authorized representative of the third party.

8. Primary Funding Source (select one): U.S. Federal  Other   
Primary Sponsor Name \_\_\_\_\_

9. The following documents are included in our subaward proposal and attached and were prepared in compliance with the prime sponsor's solicitation guidance.

Statement of Work

F&A Rate Agreement

Budget Justification

Detailed Budget

Other

10. For the attached Statement of Work, please indicate if the project will include any of the following:

Human Subjects Research Yes No

If Yes, and NON-FDP institution, what is your Federal Wide Assurance number \_\_\_\_\_

Vertebrate Animal Research Yes No

If Yes, and NON-FDP institution, what is your PHS Animal Welfare Assurance number \_\_\_\_\_

Hazardous Materials Yes No

If yes, is an institutional Hazardous Materials Plan in Place Yes No

11. Is the subrecipient participating in the [FDP Expanding Clearing house](#)? Yes No

If yes, skip to item 17, Signature Box. **If no, complete items 12-17 below.**

12. Type of Entity

Commercial/For Profit

Non-Profit/Education/Government

International

13. If a US Entity, please provide your Federal ID No. (TIN) \_\_\_\_\_

14. Is Subrecipient registered in SAM.gov. Yes No

15. **Facilities & Administrative Rates included in this proposal are based on:**

Subrecipient has applied its federally-negotiated rate (attach a copy of the rate agreement)

A rate lower than Subrecipient's federally negotiated F&A rate for this type of work

de minimis rate (NIH 10%/Other Federal Agencies 15%)

8% MTDC rate for foreign recipients under NIH funding

Other rate of \_\_\_\_\_%. Base (TDC, MTDC, S&W, Other) \_\_\_\_\_

Not Applicable, No F&A costs are requested by the subrecipient

16. Conflict of Interest (applicable to PHS & NSF funded projects or agencies that have adopted the federal financial disclosure requirements. (Choose one, A, B, or C. If B, select B1 or B2 also.)

**A.** Not Applicable because this project is not being funded by PHS, NSF, or any other sponsor that has adopted the federal financial disclosure requirements.

**B.** Subrecipient hereby certifies that it has a conflict of interest policy which meets or exceeds the requirements set forth in Responsibility of Applicants for Promoting Objectivity in Research for which PHS funding is sought, 42 CFR Part 50, Subpart F or Institutional Responsibility Regarding Conflicting Interests

of Investigators, 45 CFR Part 94, AND subrecipient certifies that any person responsible for the design, conduct and reporting of research on the above named project has self-disclosed to the Institution's designated official(s) their significant financial interest(s), AND the Institution's official having reviewed the disclosures, has determined:

Please provide policy link or attach a copy: \_\_\_\_\_

(If B is selected, you MUST select either B1 or B2 below:)

**B.1** None of the persons responsible for the design, conduct, and reporting of research on the above-named project has an identified Financial Conflict of Interest.

**OR**

**B.2** The personnel as identified by subrecipient's policy have an identified Financial Conflict of Interest, the details of which will be provided with the submission of this form.

C. Subrecipient does not have an active conflict of interest policy which conforms to the requirements of all applicable regulations set forth in Responsibility of Applicants for Promoting Objectivity in Research for which PHS funding is sought, 42CFR Part 50, Subpart F and hereby agrees to abide by the University of Maryland, Baltimore's policy and related procedures relating to financial conflicts of interest.

**Policy link:** [UMB FCOI](#)

**17. Signature of Authorized Organizational Representative:**

The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements.

I hereby certify that Investigators and Key Personnel have disclosed and certified all projects, activities, co-authorships, affiliations, and other activities, including those performed within and outside of the SUBRECIPIENT's organization (paid and unpaid), as required by the funding agency and applicable requirements at the time of this proposal and will continue to do so through the life of any resultant award. Furthermore, Investigators and Key Personnel have certified that they are not involved in a "malign foreign talent recruitment program" as defined in Section 10638 of Public Law 117-167 (CHIPS and Science Act).

I hereby certify that neither the Subrecipient entity nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print AOR Name \_\_\_\_\_

AOR Title \_\_\_\_\_

AOR Email \_\_\_\_\_