



For UCSC Use OnlyK	
Depart. _____	OSP Reviewer: _____
PI _____	Date: _____
Solicitation#: _____	

SUBRECIPIENT COMMITMENT FORM

SECTION A: SUBRECIPIENT PROPOSAL INFORMATION

Subrecipient Legal Name: _____

Subrecipient's Principal Investigator: _____

Prime Sponsor: _____ Total Funds Requested: _____

Title of Proposal: _____

GW Period of Performance: _____

Proposed Period of Performance of Subrecipient (if different): _____

SECTION B: SUBRECIPIENT ELIGIBILITY

The The University of California, Santa Cruz (UCSC) requires a Subrecipient Commitment Form to be completed at proposal stage for risk assessment purposes. This form will be considered valid for one year from the date of signature by your organization's Authorized Official. In the event of material changes related to the information and certification provided, UCSC's Office of Sponsored Projects should be notified within 30 days by sending an email to ospdocs@ucsc.edu

Please answer the following questions before completing the rest of the form. **If you answer "Yes" to either of these questions, UCSC cannot enter into a subaward with your organization. Please notify UCSC's Principal Investigator immediately.**

- Yes No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?

- Yes No Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Policy for Federal Credit Programs and Non-Tax Recievables?"

SECTION C: AUDIT STATUS

- Yes No Does your organization receive an annual audit? (If "NO" please indicate why)
 - My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
 - My organization is a for-profit entity. (You may be required to complete a Financial Questionnaire.)
 - My organization is a U.S. government entity

SECTION D: CERTIFICATIONS

1. Are Humans Subjects involved in this project? Yes No

- a. If "Yes": Copies of IRB approval and approved "Informed Consent" form must be provided before any subaward will be finalized. Please forward these documents to ospdocs@ucsc.edu as soon as they become available.
- b. Subrecipient certifies that if human subjects are involved in this project, Subrecipient shall conduct the activities in accordance with the DHHS regulations codified as 45 CFR 46-Protection of Human Subjects.

2. Are Animal Subjects involved in this project? Yes No

- a. If "Yes": Copies of IACUC approval must be provided before any subaward will be finalized. Please forward these documents to ospdocs@ucsc.edu as soon as they become available.
- b. Subrecipient certifies that if animal subjects are involved in this project, Subrecipient shall conduct the activities in accordance with the NIH "Principles for Use of Animals", the Animal Welfare Act (7 U.S.C. 2131 et.seq.) and all other applicable Federal laws and policies. Practices for the procurement/housing/care of laboratory animals shall conform to the NIH Guide for the Care and Use of Laboratory Animals in Research and all USDA requirements.

3. Are there any other "Restricted Research" activities being performed for this project? (Example: Biohazard, Radioactive Materials, Recombinant DNA, etc.) Yes No

- a. If "Yes": Copies of any applicable approvals must be provided before any subaward will be finalized. Please forward all applicable approvals directly to ospdocs@ucsc.edu as soon as they become available.

4. My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. Yes No

- a. If "No": Attach Explanation

5. Facilities and Administrative Rates included in this proposal have been calculated based on (check as applicable):

Our federally negotiated F&A rates for this type of work. (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below)

URL: _____

Other rates (please attach a description of the basis on which the rate has been calculated)

Not applicable – Attach Explanation.

6. Fringe Benefit Rates included in this proposal have been calculated based on (check as applicable):

Our federally negotiated Fringe rates for this type of work. (If this box is checked, please attach a copy of your Fringe Rate Agreement or provide a URL link to the agreement below)

URL: _____

Other rates (please attach a description of the basis on which the rate has been calculated)

Not applicable – Attach Explanation.

7. Responsible Conduct of Research (RCR) (for NSF-funded projects only):

Yes **No** My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007

- a. If "No": Attach Explanation

8. Online Representations and Certifications Application via SAM (for federal applications only):

Representations and Certifications Submitted via SAM. Date of Expiration: _____

Not submitted (Attach explanation.)

9. Financial Conflict of Interest (FCOI)

Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the **Public Health Service (PHS)** provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94. All individuals responsible for the design, conduct or reporting of research for the proposal have made the required disclosures and received the required training. All required reports, training verifications, and disclosures have been made to the Subrecipient's institutional official in accordance with the subrecipient's policy.

Subrecipient has **not** implemented a written policy of financial conflict of interest compliant with PHS provisions of 42 CFR

Part 50, Subpart F and 45 CFR Part 94. A UCSC **Supplemental Disclosure Form** has been completed and is attached for all individuals responsible for the design, conduct, or reporting of the research for the proposal, and required FCOI Citi trainings have been completed, or will be completed before any sub award is finalized. Subrecipient must return all applicable FCOI documentation to ospdocs before the subaward can be finalized.

Not applicable because this project is not being funded by a PHS funded agency, or other agency that has adopted PHS FCOI regulations.

10. Federal Funding Accountability and Transparency Act (FFATA) (for federal applications only):

- Yes No During the previous fiscal year my organization received 80% or more of its annual gross revenues in federal awards AND \$25 million or more in annual gross revenues from federal awards.
- Yes No My organization regularly reports information on the compensation of its senior executive in response to section 13(a) or 15(d) of the Security and Exchange Act of 1934 (15 U.S.C. 78m(a) or section 6104 of the Internal Revenue Service Code of 1986?

11. Lobbying (for federal applications only):

- Yes No My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation)

SECTION E: ADDITIONAL SUBRECIPIENT INFORMATION

Subrecipient Address (Include Zip Code + 4 Digits): _____

DUNS # _____ Congressional District: _____

Performance Site Address (Include Zip Code + 4 Digits) _____

NAICS Code: _____ NCAGE (International Only): _____

Subrecipients EIN: _____ Unique Entity Identifier (UEI#): _____

Subrecipient Administrative Contact Name _____

Phone: _____ Email: _____

SECTION F: PROPOSAL DOCUMENTS

The following documents have been (or will be) included in our proposal submission and are covered by the certifications above (Check all that apply, documents with * are required for proposal submitted to GW)

- Statement of Work:** (must describe the Subrecipient's specific role within the GW project)*
- Budget***
- Narrative Budget Justification***
- Bio sketches of Key Personnel/Technical Representative**, in agency required format (if required by Prime Sponsor)
- Small/Small Disadvantaged Business Contracting Plan**, in agency required format (for federal subcontract budgets over \$750,000 only)
- Negotiated F&A Agreement***
- Other:** _____

[SIGNATURE PAGE TO FOLLOW]

SECTION G: SUBRECIPIENT AUTHORIZED REPRESENTATIVE APPROVAL

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 this application are aware of agency policy concerning subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.

**Signature of Subrecipient's Authorized Official
(or Designee¹)**

Date

Name and Title of Authorized Official

¹ *Subrecipient represents and certifies that its Designee has the authority to act on behalf of the Authorizing Official*