SUBRECIPIENT COMMITMENT FORM



*Do not use this form if your institution is an FDP Expanded Clearinghouse participant. Please use the FDP LOI.

SECTION A: UNCG Proposal Information (to be completed by UNCG PI or DA prior to submission to OSP)

| UNCG PI Name: | Prime Sponsor: | Federal? Yes □ No □ | | |
|---|--|---|--|--|
| | | | | |
| | | | | |
| | | Total Budget Amount: | | |
| Proposed Period of Performance Dates: | Is UNCG | cost share involved? Yes ☐ No ☐ Amount: | | |
| SECTION B: Subrecipient Proposal and | Organization Information (to be | completed by sub-recipient prior to submission to OSP) | | |
| Sub-Recipient Legal Name: | | | | |
| Sub-Recipient PI Name: | Email: | Phone: | | |
| Sub-Recipient Admin Name: | Email: | Phone: | | |
| Sub-Recipient Authorized Official (AO) Name | orized Official (AO) Name: Email: | | | |
| Title: | *Authorized Official has signatory authority on binding agreements. | | | |
| Total Direct Costs: | Total Indirect Costs: | Total Budget Amount: | | |
| Proposed Period of Performance Dates: | Is sub-reci | pient cost share involved? Yes 🗆 No 🗆 Amount: | | |
| Sub-Recipient Legal Address: Include ZIP Code | e +4 or other postal code: Plac | ee of Performance Address (if different from legal address) | | |
| Sub Pasiniant Organization Turns | tu. Gothar Nan Brafit. Gla | dustry/For Dustit Othory | | |
| | | dustry/For-Profit Other: | | |
| UEI #: | | ployer ID Number (EIN): | | |
| SAM Registered? Yes: Exp. Date: | No US Congres | sional District: | | |
| Fringe Benefit Rates included in this project a ☐ Rates consistent with or lower than ☐ Other rates: | subrecipient organization's fede | . • | | |
| Facilities and Administrative Rates for the pro ☐ Subrecipient Organization's federall F/A Rate URL: *If no URL exists, please provide you | y negotiated F&A rates for this ty our rate agreement with this con | npleted form. | | |
| ☐ A restricted F&A rate published by t☐ Other rates:☐ Not applicable, subrecipient is not r | | % on base: | | |

| | | SECTION D: Research Subjects and Other Compliance | | | |
|---------|---|--|--|--|--|
| Humai | n Subject | | | | |
| | ☐ Yes | □ No Human Subjects will be involved in the subrecipient's portion of this project. Yes" provide your organization's Federal Wide Assurance #: | | | |
| Verteb | rate Ani | mal Care and Use: | | | |
| | | □ No Animals will be involved in subrecipient's portion of this project. , please provide an OLAW-approved Animal Welfare Assurance Number: | | | |
| Recom | | NA and Transgenic Organisms: ☐ No Recombinant DNA and/or transgenic organisms will be used in the subrecipient's portion of this project. | | | |
| Export | : Control l □ Yes | ed Data/Materials/Equipment: ☐ No ☐ Does Subrecipient Scope of Work involve foreign travel; sending/transporting or receiving anything from outside of the U.S.; OR is any member of the research team a Foreign National? If "Yes," list name(s) and country(ies): | | | |
| Other | Complia i □ Sten | nce Certifications: <u>Subrecipient's proposal work involves/may involve the following</u> (check all that apply): n Cells | | | |
| | | SECTION C: Subrecipient Eligibility | | | |
| ☐ Yes | □No | Is the subrecipient organization, PI, or any other employee/student planning to participate in the project presently disbarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts? | | | |
| □ Yes | □ No | Is the subrecipient presently indicted or otherwise criminally or civilly charged by a government entity? | | | |
| □ Yes | □ No | Has the subrecipient had one or more contracts terminated for default by any federal agency within three (3) years? | | | |
| ☐ Yes | □No | Within three (3) previous years, has subrecipient organization 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 of 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. | | | |
| | | SECTION D: Certifications | | | |
| Audit : | Status: | | | | |
| ☐ Yes | □ No | Does the subrecipient organization receive an annual audit in accordance with section <u>2 CFR 200.501 of the Uniform Guidance</u> ? | | | |
| | and pro □ Aud | ed "Yes" please attach an explanation of any findings or exceptions noted in your organization's most recent single vide the following information: It is available on the Federal Audit Clearinghouse It is available at this URL: | | | |
| *If you | | ed "No" please indicate the reason/s the single audit requirement does not apply: | | | |
| | ☐ My organization did not expend U.S. Federal funds in excess of the Federal Single Audit threshold (see <u>2 CFR 200.501(b)</u>), during our last fiscal year. | | | | |
| | ☐ My organization is a for-profit organization.☐ Other (attach an explanation). | | | | |
| Conflic | ct of Inte | rest (COI) Policy and Procedures | | | |
| | | ecipient does have an active and enforced Conflict of Interest Policy that is consistent with the provision of <u>42 CFR</u> | | | |
| | | 50, Subpart F "Management and reporting of financial conflicts of interest." | | | |
| | ☐ The Subrecipient does not have an active and/or enforced COI policy and hereby agrees to abide by UNCG's policy and related procedures, as specified at https://policy.uncg.edu/university_policies/conflicts-of-interest-and-commitment-pol | | | | |

| Federa | _ | | ountability & Transparency Act (FFATA) Inform | |
|---|--------------------------------------|--|--|---|
| | The FFA | ar receive | quires a prime awardee to provide the names and total co d 80% or more of its annual gross revenues in Federal aw | ion? mpensation of the five most highly compensated officers <u>if</u> the entity in the preceding ards; <u>and</u> \$25,000,000 or more in annual gross revenues from Federal awards; <u>and</u> the senior executives. (details: https://www.fsrs.gov/#a-faqs) |
| | | | SECTION F: Certif | ications, Part 2 |
| Fiscal C | Complia | nce: | | |
| | | | Subrecipient has the capability to identify, in Federal programs under which they were red | its accounts, all Federal awards received and expended and the ceived. |
| | ☐ Yes | □No | | ssure that it manages Federal awards in compliance with applicable |
| | ☐ Yes | □ No | Subrecipient can prepare appropriate financi | al statements, including schedule of expenditures of Federal awards. |
| Respon | nsible C | onduct | of Research (RCR) Training (Required if sponso | or is PHS/NIH or NSF) |
| | □ Yes | □ No | | and maintain records of individual RCR training plans in ments for NIH Grants for Training and Fellowship awards. |
| | ☐ Yes | □ No | | n has a training program in place and will train all undergraduate in accordance with NSF or USDA-NIFA's RCR requirements. |
| Finding | gs of Se | xual Ha | rassment, Other Forms of Harassment, or Sex | rual Assault (Required if sponsor is NSF) |
| | ☐ Yes | □ No | | ements of the NSF term and condition entitled "Notification |
| | is affilia | ted with | more information: https://www.nsf.gov/od/odi/term | Harassment, Other Forms of Harassment, or Sexual Assault." and condition.jsp. Note: In the event that a notice to NSF is required, and a co-Pl onal Representative of the subawardee must provide the requisite information 0, published 9/21/2018. |
| | | | SECTION G: Subrecipient | Official Authorization |
| and adn necessa | ents inclo ninistrat ry interi | uded in ¡ ive perso nstitutio | proposal submission (Scope of Work, Budget, etc.) onnel of the subrecipient are aware of the prime fu | signed, and made by an authorized official of the Subrecipient. All proposal are covered by the certifications in this form. The appropriate programmatic and agency's policy in regards to Subawards and are prepared to establish the ecipient understands that any expenses incurred prior to execution of a |
| Subrecipient Organizations' Authorized Official's Signature | | | tions' Authorized Official's Signature | Date |
| Title | | | | Email to which subaward documents should be sent |