

**SUBRECIPIENT COMMITMENT FORM**

Subrecipient Legal Name: \_\_\_\_\_  
 Subrecipient PI Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Address where research will be performed: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Proposal Title: \_\_\_\_\_  
 Performance Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 UAH's PI Name: \_\_\_\_\_  
 Prime Sponsor: \_\_\_\_\_

**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) Total Amount Requested \_\_\_\_\_
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format
- 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:
  - Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
*(If this box is checked, please attach a copy of your F&A 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)
  
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**     **Yes**     **No**    **Amount:** \_\_\_\_\_  
*Cost sharing amounts and justification should be included in the subrecipient's budget*
  
5. **Human Subjects**     **Yes**     **No**    **Approval Date:** \_\_\_\_\_  
  
*If "Yes":* Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to UAH's PI and UAH's Office of Sponsored Programs as soon as they become available. In accordance with UAH policy, UAH's IRB must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.  
  
*If "Yes":* Have all key personnel involved completed Human Subjects Training?     **Yes**     **No**
  
6. **Animal Subjects**     **Yes**     **No**    **Approval Date:** \_\_\_\_\_  
  
*If "Yes":* A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to UAH's PI and UAH's Office of Sponsored Programs as soon as it becomes available. In accordance with UAH policy, UAH's IACUC must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

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**7. Conflict of Interest**

- Subrecipient Organization/Institution 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." Subrecipient also certifies that, to the best of its knowledge, (1) all financial disclosures have been 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 expenditure of any funds under any resultant agreement.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by UAH's Policy on Financial Disclosures in Sponsored Projects, located online at <http://www.uah.edu/osp/conflict-of-interest>. Pursuant to the Policy, for projects funded by PHS agencies Subrecipient "Investigators" must complete the required disclosures at the time of proposal submission and complete training prior to the expenditures of any funds under any resultant agreement.

**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 government entity
- have  have 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 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
- have  have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

**9. Fiscal Responsibility (Check each box that applies):**

The organization certifies that its financial system is in accordance with generally accepted account principles (GAAP) and:

- has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;
- maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;
- complies with applicable laws and regulations;
- can prepare appropriate financial statements, including the schedule of expenditures of federal awards;
- there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

**SECTION C - Audit Status**

**10. Audit Status**

- Subrecipient receives an annual audit in accordance with OMB Circular A-133.  
Most recent fiscal year completed: FY \_\_\_\_\_  
Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.)  Yes  No  
  
**Please attach a complete copy of your most recent A-133 audit report or provide the URL link to a complete copy.**
- Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.  
Subrecipient is a:  Non-profit entity (under federal funding threshold)  
 Foreign entity  
 For profit entity  
 Government entity

Please complete an A-133 COMPLIANCE CONFIRMATION UNDER OMB CIRCULAR A-133 (OSP Form SUB2013002). A limited scope audit may be required before a subaward will be issued.

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**SECTION D - Comments**

**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 this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to execution of a subaward agreement 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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Federal Employer Identification Number (EIN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DUNS or DUNS+4 number

\_\_\_\_\_  
Subrecipient's Congressional District

**Is 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 CAGE Code: \_\_\_\_\_

Parent Entity EIN: \_\_\_\_\_