

## SUBRECIPIENT COMMITMENT FORM

**All non-FDP (Federal Demonstration Partnership) subrecipients must submit this form when submitting a proposal to the University of Delaware (UD). It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized official to sign.**

SUBRECIPIENT'S LEGAL NAME: \_\_\_\_\_ SUBRECIPIENT'S PI: \_\_\_\_\_

NIIMBL PI: \_\_\_\_\_ PRIME SPONSOR: \_\_\_\_\_

SUBMITTED PROPOSAL TITLE: \_\_\_\_\_

PERIOD OF PERFORMANCE DATES: \_\_\_\_\_ YEAR FOUNDED: \_\_\_\_\_

### SECTION A - Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below (check as applicable):

- STATEMENT OF WORK (required)
- BUDGET AND BUDGET JUSTIFICATION (required) Total Amount Requested \_\_\_\_\_
- SUBRECIPIENT COMMITMENT FORM, completed and signed by subrecipient's authorized official (required)
- Biosketches and Other Support of all Key Personnel, in agency-required format
  
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### SECTION B – Special Review and 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, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to University of Delaware before a subaward will be issued.)*
- Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)
- Not applicable (no indirect cost request for subrecipient)

**2. Fringe-Benefit Rates** included in this proposal have been calculated based on the following:

- Rates consistent with or lower than our federally negotiated rates  
*(If this box is checked, a copy of your FB rate agreement or a URL link to the agreement must be furnished to University of Delaware before a subaward will be issued.)*
- Based on actual rates
- Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)

**3. Subrecipient Business Status:**

- Large business     Small Business     Institution of Higher Education     Other \_\_\_\_\_
- Alaska Native Corporation (ANC) (43USC1601)     Historic Black College or University/Minority Institution

If a small business, identify business classification (\*certified by the Small Business Administration):

- Small Disadvantaged Business (SDB)\*     Small Minority Business (SMB)\*
- Women-owned small business (WOSB)
- Veteran-owned small business (VOSB)
- Service-disabled veteran-owned business (SDVOSB)
- HUBZone small business\*

**4. Cost Sharing**     yes     no    Amount: \_\_\_\_\_

Cost sharing amounts and justification must be included in the subrecipient's budget.

### REGULATORY APPROVALS (Questions 5-7)

**5. Human Subjects**     yes     no    Determination of Exemption or IRB Approval Date: \_\_\_\_\_ and IRB Number: \_\_\_\_\_

(Note: Surveys, interviews, observations, or use of secondary data may be human subjects research. Contact your local IRB office for guidance.)

**If "yes"** Copies of the determination of exemption or IRB approval must be provided before any subaward will be issued. If not attached here, obtain approval as required and forward these documents to UD's PI and to the University of Delaware's Research Office as soon as they become available.

Please indicate the UD's PI's name and subaward number for reference, if available.

**If "yes"** and NIH funding is involved:

Have all key personnel involved completed human subjects training?     yes     no

Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subjects research training ([http://grants.nih.gov/grants/policy/hs\\_educ\\_faqs.htm](http://grants.nih.gov/grants/policy/hs_educ_faqs.htm)) as required by NIH.

Does your organization/institution have a Federalwide Assurance (FWA) Number?     yes     no    If "yes" provide number: \_\_\_\_\_

# SUBRECIPIENT COMMITMENT FORM

**6. Animal Subjects**     yes    no    **Approval date:** \_\_\_\_\_ **and IACUC Number:** \_\_\_\_\_

*If "yes"* Copies of the IACUC approval must be provided before any subaward will be issued. If not attached here, obtain approval as required and forward these documents to UD's PI and to the UD's Research Office, 210 Hullihen Hall, Newark, DE 19716 as soon as they become available.  
Please indicate the UD's PI's name and subaward number for reference, if available. In accordance with UD, UD's IACUC must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

Does your organization/institution have a PHS Animal Welfare Assurance Number?     yes    no    *If "yes" provide number:* \_\_\_\_\_

**7. Conflict of Interest**

Subrecipient organization/institution hereby 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, "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 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 resulting agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by the NIIMBL Conflict of Interest Policy.

**8. Debarment, Suspension, Proposed Debarment**

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 Organization 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
- 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 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 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**

The organization certifies that its financial system is in accordance with generally accepted accounting principles 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 report that describes the finding and steps to be taken to correct the finding.

## SECTION C - Audit Status

Does the subrecipient receive an annual audit in accordance with 2 CFR 200.501?     yes    no

*If "yes":* Has the audit been completed for the most recent fiscal year? What fiscal Year \_\_\_\_\_?     yes    no  
*If "no"* when is it expected to be completed: \_\_\_\_\_

Were any audit findings reported?     yes    no  
*If "yes"* explain in Section D, Comments, below.

*If "no":* Does the subrecipient have expenditures in federal funding of at least \$750,000 per year?     yes    no

- Subrecipient is a:
- Non-profit entity (under federal funding threshold)
  - Foreign entity/foreign work component
  - For-profit entity
  - Government entity

## SUBRECIPIENT COMMITMENT FORM

### SECTION D – Audit request and Comments

AUDIT REQUEST SHOULD BE SENT TO

--	--

### 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)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Type or print name and title of Authorized Official)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Name of Subrecipient's Organization/Institution)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

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

\_\_\_\_\_  
Unique Entity ID Number-UEI

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Signature of Principal Investigator)

\_\_\_\_\_  
(Date)