**Commitment Form (Letter of Intent) to Establish a Subaward Agreement**

University of Minnesota – Office of Sponsored Projects Administration

|  |  |  |
| --- | --- | --- |
| DATE: | | |
| PRIME SPONSOR: | | |
| PRIME INSTITUTION: Regents of the University of Minnesota | | |
| PRINCIPAL INVESTIGATOR: | | |
| SUBRECIPIENT INSTITUTION: | | |
| NAME USED BY IRS: | | |
| FEDERAL TAX ID # (EIN, ITIN): | | |
| CONTACT NAME: | CONTACT EMAIL: | |
| CONTACT ADDRESS: | | CONTACT PHONE: |
| SUBRECIPIENT INSTITUTION PRINCIPAL INVESTIGATOR: | | |
| TITLE: | | |
| PROPOSED AMOUNT: | | |
| PROPOSED PROJECT PERIOD: | | |

**CERTIFICATIONS:**

1. Facilities & Administration 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.

Other rates (please specify the basis on which the rate has been calculated in “notes section” below).

Not applicable (no indirect cost request for the subrecipient).

2. Fringe Benefit Rates included in this proposal:

Are consistent with or lower than our federally-negotiated rate agreement.

Are based on other rates (please specify the basis on which the rate has been calculated in “notes section” below).

CERTIFICATIONS (continued):

3. Human Subjects  Yes  No  Exempt FWA#

If “Yes,”

Copies of the IRB approval and approved “Informed Consent” form are attached.

Copies of IRB approval and “Informed Consent” will be forwarded to the Office of Sponsored Projects Administration as soon as they become available.

3a. Human Research Participants Protection Training # of applicable personnel:

Certification of education on the protection of human research participants for all individuals indentified as Senior/Key Personnel attached.

Certification will be provided at time of award.

4. Animal Subjects  Yes  No IACUC Assurance #

If “Yes,”

Copy of the IACUC approval is attached.

Copy of IACUC will be forwarded to the Office of Sponsored Projects Administration as soon as they become available, but no later than time of award.

5. Biosafety Committee  Yes  No

If “Yes,”

A copy of the Biosafety Committee approval form is attached.

A copy of the Biosafety Committee approval will be forwarded to the Office of Sponsored Projects Administration as soon as it becomes available.

6. Conflict of Interest (applicable PHS, NIH, NSF, DHHS or any other program requiring federal financial disclosure)

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 “Responsibility of Applicants for Promoting Objectivity in Research.” 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 expenditures of any funds under resultant agreement.

I will follow the Conflict of Interest policy established and enforced by the University of Minnesota. If this option is selected, please provide completed FCOI Forms 1 & 2. Forms can be found [here](http://www.ospa.umn.edu/subaward/documents/PHSFCOIformpacket7Oct13.pdf).

Not applicable because project is not being funded by PHS, NIH, NSF or DHHS

7. Cost Sharing/Matching:  Yes  No

In-Kind:  Yes  No

Cost sharing, Matching and/or In-Kind amounts and justification should be included in the subrecipient’s budget.

CERTIFICATIONS (continued):

8. Certification Regarding Debarment & Suspension  Yes  No

Subrecipient certifies that neither it nor the principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency. Subawards to any entity or individual included in the Federal Excluded Parties are prohibited.

The appropriate programmatic and administrative personnel involved in this application are prepared to establish and administer the necessary inter-institutional agreement(s) consistent with prime sponsor policies.

**Subrecipient Institutional Official**

By:

Name:

Title:

Date:

**Please return this form to the University of Minnesota’s principal investigator**

**or department administrator (**     ) **with the approved budget and statement of work.**

**Office of Sponsored Projects Administration,**

**450 McNamara Alumni Center,**

**200 Oak Street SE, Minneapolis, MN 55455-2070, 612.624.5599**

***Notes*** (use to explain use of other F&A rate, Fringe Benefit rate or pertinent information necessary to this agreement you wish to share):

***Justification***: