

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: _____
UMN PI's Name: _____
Funding Agency: _____
Amount of subaward: _____

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)

Biosketches of all Key Personnel, in agency-required format

Other: _____

Other: _____

SECTION B - Certifications

- Facilities and Administrative Rates included in this proposal have been calculated based on:**
(please attach a copy of your F&A rate agreement or provide a URL link to the agreement)
Our F&A rate for this type of work is limited to a published statutory F&A cap by a federal program.
Our federally-negotiated F&A rate for this type of work.
A rate lower than our federally negotiated F&A rate, as listed in our proposal.
Our F&A rate for this type of work has been previously negotiated with UMN that we hereby agree to accept.
10% MTDC de minimus rate (Subrecipient has never had a federally negotiated rate)
- 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).
- 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
- Cost Sharing or Matching** Yes No **Amount:** _____
Cost sharing or Matching amounts and justification should be included in the Subrecipient's budget
- Human Subjects** Yes No **Approval Date:** _____ **Pending Approval**
If "Yes": Copies of the IRB approval must be provided to UMN. It is understood that no funds may be expended for human subject related activities until all appropriate human subject related approvals are in place.
If "Yes": Have all key personnel involved completed Human Subjects Training? Yes No
- Animal Subjects** Yes No **Approval Date:** _____ **Pending Approval**
If "Yes": Copies of the IACUC approval must be provided to UMN. It is understood that no funds may be expended for animal related activities until all appropriate animal related approvals are in place.

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7. Conflict of Interest (*applicable to PHS & NSF funded projects or agencies that have adopted the federal financial disclosure requirements*)

Please check the appropriate responses below

- a. Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), NSF, or any other sponsor that has adopted the federal financial disclosure requirements. See http://sites.nationalacademies.org/PGA/fdp/PGA_070596 for list of sponsors that adopted federal financial disclosure requirements.

For PHS Funded Projects ONLY:

- b.1 Subrecipient Organization/Institution is listed on the FDP Clearinghouse (http://sites.nationalacademies.org/PGA/fdp/PGA_070596) and 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures will be 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 any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.
- b.2 Subrecipient will follow the Conflict of Interest Policy established and enforced by his/her institution. Subrecipient certifies that the Conflict of Interest Policy established is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors." Please complete and sign Form 1 found here: <https://drive.google.com/file/d/0B4cINGOYSdMYM2otQnBDMVgtWE0/view?usp=sharing>
- b.3 Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt University of Minnesota's policy located at <http://www.compliance.umn.edu/conflictPolicies.htm> - Please complete and sign Form 1 AND Form 2 found here: <https://drive.google.com/file/d/0B4cINGOYSdMYM2otQnBDMVgtWE0/view?usp=sharing>
- c. By signing below, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant. **For those adopting University of Minnesota's policy, the training is located online at <http://z.umn.edu/coiext>**

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)

- | | |
|---|---|
| <input type="checkbox"/> are <input type="checkbox"/> are not | presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts |
| <input type="checkbox"/> are <input type="checkbox"/> are not | presently indicted for, or otherwise criminally or civilly charged by a government entity |
| <input type="checkbox"/> have <input type="checkbox"/> 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 |
| <input type="checkbox"/> have <input type="checkbox"/> have not | within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency |

SECTION C - Audit Status

9. Audit Status

- Subrecipient receives an annual audit in accordance with Uniform Guidance 2 CFR 200.
Most recent fiscal year completed: FY _____
- Subrecipient DOES NOT receive an annual audit in accordance with Uniform Guidance 2 CFR 200.
Subrecipient is a: Non-profit entity (received less than \$750,000 in federal assistance i.e. federal funds, grants or awards)
Foreign entity* see section E on page 3 for additional provisions for NIH proposals involving foreign subawards
For profit entity
Government entity

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SECTION D - Comments (URL link to F&A Rate Agreement, etc.)

SECTION E - Foreign Subawards (NIH only)

Effective January 2, 2024, foreign subawards must agree to provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to the primary recipient with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report submission. Such access may be entirely electronic. This policy can be found at: <https://grants.nih.gov/policy/subawards>

By providing our signature in the field below, our institution acknowledges that if this proposal is selected for an award, we will abide by all requirements outlined in the NIH's policy regarding administering subawards to foreign entities.

Signature of Subrecipient's Authorized Official

Date

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 funding agency's policy in regard to subaward 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 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 +4 number

Subrecipient's Congressional District (i.e. MN-005)

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 EIN: _____