

SUBRECIPIENT COMMITMENT FORM

For Participating Organizations in the
Federal Demonstration Partnership

PROPOSAL INFORMATION					
Proposal Title:			UMass Principal Investigator		
Total Funds Requested*			Cost Share Commitment*:		
Period of Performance*:	Start Date		Research Performance Site*: <input type="checkbox"/> same as legal address*		
	End Date				
SUBRECIPIENT INFORMATION			*Subrecipient institution		
Subrecipient Institution					
Subrecipient Principal Investigator		Subrecipient Financial Contact:		Subrecipient Authorized Official:	
Title:		Title:		Title:	
Phone:		Phone:		Phone:	
Email:		Email:		Email:	
PROPOSAL DOCUMENT CHECKLIST					
<p>The following documents are included in our sub award proposal submission and covered by the certifications below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> STATEMENT OF WORK <input type="checkbox"/> BUDGET <input type="checkbox"/> BUDGET JUSTIFICATION <input type="checkbox"/> BIOSKETCHES FOR ALL KEY PERSONNEL <input type="checkbox"/> OTHER: 					

CERTIFICATIONS/COMPLIANCE

1. **Cost Sharing** ___YES ___NO

If **YES**, explanation of Cost Sharing sources *must* be included in the subrecipient’s budget. Please note that an annual verification of cost share commitment will be required.

If **YES** and federal funding is involved, cost sharing commitment must be in accordance with Uniform Guidance 2 CRF §200.306.

2. **Human Subjects** ___YES ___NO

If YES, Determination of Exemption or IRB Approval Date:____; or ___pending.

If YES, please provide Federal-wide Assurance Number (FWA) # _____

If YES, documentation of IRB approval will be required before a subaward can be issued.

Please forward IRB approval to UMass Amherst Office of Post-Award Management, opam@umass.edu

If YES, have all key personnel completed human subjects training at the subrecipient’s institution? ___Yes ___No

3. **Animal Subjects** ___YES ___NO

If YES, IACUC approval date: _____ and IACUC number: _____ ; or _____Pending

If YES, please provide your institution’s PHS/OLAW Animal Welfare Assurance Number: _____

If YES, documentation of IACUC approval will be required before a subaward can be issued.

Please forward IACUC approval to UMass Amherst Office of Post-Award Management, opam@umass.edu

APPROVED FOR SUBRECIPIENT

The information, certifications and representations contained herein 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 sub awards and are prepared to enter into a sub award agreement consistent with those policies and the applicable flow-down requirements of the Prime Award. To the best of my knowledge, the enclosed represents a true, complete and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project.

Signature of Authorized Institutional Representative

Date

Name of Authorized Institutional Representative

Title

Phone/Fax

Email