

**SUBRECIPIENT COMMITMENT FORM**

For Participating Organizations in the  
Federal Demonstration Partnership

<b>PROPOSAL INFORMATION</b>					
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				
<b>SUBRECIPIENT INFORMATION</b>			*Subrecipient institution		
Subrecipient Institution				UEI or DUNS #:	
Subrecipient Principal Investigator		Subrecipient Financial Contact:		Subrecipient Authorized Official:	
Title:		Title:		Title:	
Phone:		Phone:		Phone:	
Email:		Email:		Email:	
<b>PROPOSAL DOCUMENT CHECKLIST</b>					
<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"> <li><input type="checkbox"/> STATEMENT OF WORK</li> <li><input type="checkbox"/> BUDGET</li> <li><input type="checkbox"/> BUDGET JUSTIFICATION</li> <li><input type="checkbox"/> BIOSKETCHES FOR ALL KEY PERSONNEL</li> <li><input type="checkbox"/> OTHER:</li> </ul>					

**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](mailto: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](mailto: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. If this proposal is in response to a federal opportunity, the requirements of Federal Executive Order 140421 Covid-19 Workplace Safety Guidance may be applicable in a resultant award agreement. Those requirements would flow to any subrecipient involved in the project.

\_\_\_\_\_  
Signature of Authorized Institutional Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Institutional Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Email