

**SUBRECIPIENT COMMITMENT FORM**

<b>PROPOSAL INFORMATION</b>			<b>*SUBRECIPIENT</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 Legal Name (must match registered name in SAM):			UEI #:		
			EIN #:		
Address:			Institution Type:	<input type="checkbox"/> Educational <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> HBCU <input type="checkbox"/> Non-profit	
City, State & Zip:			Congressional District:		
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> <p><input type="checkbox"/> STATEMENT OF WORK</p> <p><input type="checkbox"/> BUDGET</p> <p><input type="checkbox"/> BUDGET JUSTIFICATION</p> <p><input type="checkbox"/> INDIRECT COST RATE AGREEMENT</p> <p><input type="checkbox"/> FRINGE BENEFIT RATE AGREEMENT/DOCUMENTATION</p> <p><input type="checkbox"/> BIOSKETCHES FOR ALL KEY PERSONNEL</p> <p><input type="checkbox"/> OTHER:</p>

**CERTIFICATIONS/COMPLIANCE**

1. **Facilities & Administrative Rates** included in this proposal have been calculated based on the following:
- Our federally negotiated F&A rate for this type of work is attached or available at: (show here or add to "Comments")
- No federal negotiated rate and we hereby agree to accept the 10% De minimis MTDC rate as a Subrecipient.  
NIH will reimburse F&A costs to foreign and international organizations at a rate of 8% of modified total direct costs (MTDC) less equipment only.
- A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: 0.00% Base: \_\_\_\_\_
- Indirect costs are not separately requested as costs are fully burdened. Provide documentation of approval (e.g. GSA rates)
2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:
- Rates are consistent with our federally negotiated rates.
- Other rates (please specify in COMMENTS Section the basis on which the rate has been calculated)
- Fringe Benefits are not separately requested as costs are fully burdened.
3. **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 CFR §200.306.
4. **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
5. **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)*
6. **Conflict of Interest (COI)**
- A. PHS Financial Conflict of Interest (or other sponsors that have adopted the PHS FCOI requirements):**
- Subrecipient Organization/Institution 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.
- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UMass's policy and related procedures at <https://www.umass.edu/research/policy/umass-coi-policy-nsf-and-other-federal-agencies>
- If PHS prime (NIH, etc.), Subrecipient certifies that the required FCOI training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant.
- Not applicable, as this project is not funded by PHS or any other sponsor that has adopted these financial disclosure requirements.
- B. Conflict of Interest Policy confirmation (check one)**
- Subrecipient certifies it has and will follow the Conflict of Interest policy established and enforced by its compliance office or equivalent. Subrecipient also certifies that (1) all financial disclosures have been made, if applicable, related to the activities that may be funded by or through a resulting agreement, and required by its Conflict of Interest policy; and (2) if present, 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.
- Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to adopt and implement a policy prior to execution of a subaward agreement.

**7. Ethics in Research Training (NSF and NIH)**

- Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this proposal will be trained on the oversight in the responsible and ethical conduct of research.

**PRIOR AWARD EXPERIENCE/DEBARMENT OR SUSPENSION HISTORY**

- Subrecipient organization is currently in receipt of federal funding or has received federal funding in the past **YES**  **NO**
- Subrecipient organization has had a contract, grant and/or agreement terminated for cause or material breach **YES**  **NO**   
If yes, please explain in the COMMENTS Section
- 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**, please explain in COMMENTS Section.  
If **NO**, 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 government agency.
  - have  have not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.
  - 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 commissions of 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.

**AUDIT STATUS**

- Was the Subrecipient required to conduct an annual audit in accordance with the Single Audit Act or Uniform Guidance 2 CRF §200.501 for the most recent Audit year? **YES**  **NO**   
If **YES**, provide the URL for a complete copy: \_\_\_\_\_; **OR** attach a copy of Subrecipient's most recent audit report. Most recent fiscal year completed: \_\_\_\_\_.
- Were there any audit findings reported? **YES**  **NO**  If Yes, please submit a copy the most recent report that describes the findings and the steps to be taken to correct the findings. Summarize those findings in the "Comments" field below
- If Subrecipient did not undergo a Single Audit, attach the most recent fiscal year audit report for your organization including independent auditor's letters and an update on corrective actions taken on any of the findings.

**SUBRECIPIENT INSTITUTIONAL INFORMATION/FISCAL RESPONSIBILITY**

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and:

- Subrecipient organization's financial system has the capability to identify, in its accounts, all federal awards received and expended, and the federal programs under which they were received **YES**  **NO**
- Subrecipient organization maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations and the provision of contracts, grants and agreements. **YES**  **NO**
- Subrecipient organization and its financial system comply with applicable laws and regulations. **YES**  **NO**
- Subrecipient organization and its financial system can prepare appropriate financial statements, including the schedule of expenditures of federal awards **YES**  **NO**
- Is Subrecipient currently registered in the System for Award Management (SAM)? ([www.sam.gov](http://www.sam.gov)) **YES**  **NO**   
If **NO** and **IF** the overall sponsor is prime federal, Subrecipients must register with SAM. A DUNS number is required to register. Completing the on-line registration takes approximately one hour to complete and SAM approval will take 3-5 business days. Awards cannot be issued to subrecipients without SAM registrations.

**SUBRECIPIENT REQUIREMENTS AND RESPONSIBILITIES**

**Before submitting a sub award proposal, the Subrecipient must verify that it fits the characteristics of a Subrecipient, rather than those of a contractor. The following chart outlines the differences. Please check all that apply.**

Subrecipient	Contractor
<input type="checkbox"/> Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program <input type="checkbox"/> Use of funds is for a public purpose, as opposed to providing goods or services for the benefit of UMass <input type="checkbox"/> Amherst Responsible for adhering to applicable program requirements outlined in the terms and conditions negotiated upon award <input type="checkbox"/> An identified principal investigator (PI) for the Subrecipient who has responsibility for making programmatic decisions	<input type="checkbox"/> Provides goods or services that are ancillary to the operation of the program identified in the prime award <input type="checkbox"/> Provides the goods or services purchased with the funds within normal business operations <input type="checkbox"/> Provides similar goods or services to many different purchasers <input type="checkbox"/> Is not subject to the compliance requirements of the program as a result of the agreement with UMass <input type="checkbox"/> Normally operates in a competitive environment

**Yes**  **No** For the purpose of this proposal, my organization is properly categorized as a Subrecipient as described above.

**If "No," please contact the UMass PI about procuring your organization's products and services as a contractor.**

**COMMENTS (PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)****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 address