



Sponsored Programs and Research Compliance

SUBRECIPIENT COMMITMENT FORM

All subrecipients should complete this form when submitting a subaward proposal to University of North Carolina Wilmington (UNCW). Please complete this form and send all required documents and certifications to the following email address: finnj@uncw.edu

SUBRECIPIENT'S LEGAL NAME: _____

EIN (Tax ID) NUMBER: _____

DUNS NUMBER: _____

PERFORMANCE SITE ADDRESS (include your 9 digit zip code): _____

CONGRESSIONAL DISTRICT(S) FOR SUBRECIPIENT & PERFORMANCE SITE LOCATIONS: _____

FEDERAL SYSTEM FOR AWARD MANAGEMENT (SAM) REGISTRATION STATUS: _____

FEDERAL SYSTEM FOR AWARD MANAGEMENT (SAM) REGISTRATION EXPIRATION DATE: _____

SUBRECIPIENT'S PI NAME: _____

SUBRECIPIENT'S PROPOSAL TITLE: _____

TOTAL FUNDS REQUESTED FOR SUBRECIPIENT: \$ _____

SUBRECIPIENT PROJECT PERIOD: _____

SUBRECIPIENT'S SPONSORED PROGRAMS CONTACT NAME, PHONE NO., AND EMAIL:

UNCW'S PI NAME: _____

UNCW REFERENCE NUMBER AND/OR SOLICITATION NUMBER (IF KNOWN): _____

SECTION A- PROPOSAL DOCUMENTS

The following checked documents must be prepared in compliance with the prime sponsor's solicitation guidelines and copy included with this Subrecipient Commitment Form when submitted:

- Statement of Work
- Budget
- Budget Justification
- Other proposal documents as required by the solicitation



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SECTION B- CERTIFICATIONS

1. Facilities & Administrative (F&A) Rates included in this proposal have been calculated based on:

- Our federally-negotiated F&A rates for this type of work, or reduced F&A rate that we hereby agree to accept. Please provide a copy of your F&A rate agreement box below.
- 10% MTDC in accordance with CFR Part 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- Other rates (please attach description of the basis on which the rates were calculated).
- Not applicable (no F&A costs are requested by subrecipient)

PROVIDE F&A AGREEMENT LINK: _____

2. Fringe Benefit Rates included in the proposal:

- Are consistent with or lower than our federally negotiated rates.
- Are based on our company/organization policy. Please specify the basis on which rates are assessed and/or provide a link to your policy in the box below.

The fringe benefit rates are determined during the annual budget process based on renewal information and projected changes in staff support.

PROVIDE FRINGE RATE POLICY LINK: _____

3. Human Subjects Yes No

If yes, please provide your Federal Wide Assurance # (if obtained): _____.

4. Animal Use Yes No

If yes, please provide your PHS Animal Welfare Assurance # (if applicable): _____.

5. Select Agents Yes No

If yes, please provide your Select Agent Registration #: _____.

6. Recombinant DNA Yes No



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7. Conflict of Interest (only applicable to PHS, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

- Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions 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, all financial disclosures have been made related to the activities that may be funded by 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 hereby agrees to abide by UNCW's policy and related procedures. See policy at <http://uncw.edu/research/compliance/documents/UNCWPolicy03230ConflictofInterestorCommitment.pdf>. Please complete and return UNCW's Non-Employee Conflict of Interest Form, which is provided as attachment A. Please submit completed COI forms for all Investigators as an attachment to this Form.
- Not applicable because this project is **not** being funded by PHS, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

8. Responsible Conduct of Research (RCR) (if applicable)

- NSF:** Subrecipient hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this **NSF** proposal will be trained on the oversight in the responsible and ethical conduct of research.
- USDA-NIFA:** Subrecipient hereby certifies that it has an institutional plan compliant with **USDA-NIFA's** February 2013 Agency-Specific Terms & Conditions requirements related to responsible conduct of research.

9. Certification regarding Debarment and Suspension

Is the Subrecipient, PI, or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal programs or activities?

- Yes (If Yes, explain in Comments below)
- No



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10. Cost Sharing/Matching/In-Kind included in the proposal (if applicable)

Cost sharing, matching, and/or in-kind commitments should be included in the Subrecipient's budget and budget justification. Third-Party in-kind cost share should be supported by a letter of support signed by an authorized representative of the third-party.

Yes **Amount:** \$ _____

N/A

11. Audit Status

Does your organization receive an annual audit in accordance with OMB Circular A-133/2CFR200 Part F? Please provide a link to the most recent audit report (if applicable) below.

Yes

No

Not Applicable

PROVIDE AUDIT/FINANCIAL REPORTS LINK: _____

12. Fiscal Responsibility

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

has the capability to identify, in its accounts, all Federal awards received and associated expenses as well as the Federal programs under which they were received;

maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provisions of contracts or grants;

complies with applicable laws and regulations;

can prepare appropriate financial statements, including the schedule of expenditures of federal awards;

there are no outstanding audit findings which would impact subrecipient costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

COMMENTS:



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SUBRECIPIENT CERTIFIES THE FOLLOWING:

The information, certifications, and representations stated above have been made by an authorized official of the subrecipient named herein. Additionally, the appropriate programmatic and administrative personnel involved in this application are aware of sponsor policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Subrecipient understands that any expenses incurred prior to execution of a subcontract agreement are at the subrecipient's own risk.**

X

Signature of Authorized Official for Subcontractor

Type or print name, email address and title of Authorized Official

Date