

## Subrecipient Commitment Form

UNIVERSITY OF NEBRASKA-LINCOLN INFORMATION (UNL use only)

NUgrant #: \_\_\_\_\_

UNL PI Name: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Prime Sponsor: \_\_\_\_\_ Project Period: \_\_\_\_\_ - \_\_\_\_\_

### SECTION A – SUBRECIPIENT ELIGIBILITY

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with UNL must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and UNL.

**Please answer the following questions BEFORE completing the rest of the form.**

Yes No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?

Yes No Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

**If you answered "Yes" to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the UNL Principal Investigator (PI) as soon as possible.**

### SECTION B – SUBRECIPIENT CONTACT INFORMATION

#### 1. Subrecipient Institution Information

Subrecipient Legal Name: \_\_\_\_\_  
 Performance Site Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DUNS # (required): \_\_\_\_\_ Parent Entity DUNS Number (if applicable): \_\_\_\_\_  
 Institution Type: \_\_\_\_\_ If Other: \_\_\_\_\_

Domestic Institutions:  
 EIN: \_\_\_\_\_ CAGE Code (Commercial and Government Entity): \_\_\_\_\_  
 Performance Site Congressional District: \_\_\_\_\_  
 Registered in SAM? Yes No Expiration Date: \_\_\_\_\_

Foreign (non-US) Institutions:  
 NAICS Code: \_\_\_\_\_ NCAGE Code: \_\_\_\_\_

Sub Project Period: \_\_\_\_\_ - \_\_\_\_\_  
 Sub Dollars Requested: \$ \_\_\_\_\_ Sub Cost Share Amount (if applicable): \$ \_\_\_\_\_

#### 2. Principal Investigator Contact Information

Name/Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 3. Administrative Contact Information

Name/Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 4. Financial Contact Information

Name/Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION C – SUBRECIPIENT PROPOSAL DOCUMENTS**

Documents included with signed Subrecipient Commitment form include:

- |  |  |
|--|--|
| Statement of Work (Required)             | Biosketches                                  |
| Budget & Budget Justification (Required) | Other Support documents of all key personnel |
| Subrecipient Commitment Form (Required)  | Other: _____                                 |

**SECTION D – SUBRECIPIENT CERTIFICATIONS**

**1. Facilities and Administrative Rate**

The rates included in the proposal have been calculated based on:

Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
*(A copy of your F&A agreement or URL link to the agreement must be furnished to UNL with this form.)*

URL Link for F&A agreement: \_\_\_\_\_

Other rate *(Please specify the basis on which the rate has been calculated in the comments below)*

Not applicable *(No indirect cost request for Subrecipient)*

Comments:

**2. Fringe Benefit Rate**

The rates included in the proposal have been calculated based on:

Rates consistent with or lower than our federally-negotiated rates  
*(A copy of your fringe benefit rate agreement or a URL link to the agreement must be furnished to UNL with this form.)*

URL Link for Fringe Benefits: \_\_\_\_\_

Other rates *(Please specify the basis on which the rate has been calculated in comments below)*

Not applicable *(No fringe benefit request for Subrecipient)*

Comments:

**3. Fiscal Responsibility**

The organization certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply):

- Has the capability to identify, in its accounts, all Federal awards received and expended and 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 project costs. If there are findings, submit a copy of the report that describes the finding and steps to be taken to correct the finding.

**4. Subrecipient Business Status (Complete only if your institution type is Small Business)**

Identify all applicable Federally-defined qualifications:

- |  |                                     |
|--|-------------------------------------|
| Small Disadvantaged Business (SDB) (8a)                | Women-Owned small business (WOSB)   |
| Service Disabled veteran-owned small business (SDVOSB) | Veteran-owned small business (VOSB) |
| Small Minority Business (SMB)                          | HUBZone small business              |

**5. Additional Debarment, Suspension, Proposed Debarment Information**

*(If "Yes" to any of the below questions, please explain in Section I - Comments)*

Yes No Is Principal Investigator or any other employee/student planning to participate in this project debarred, suspended, or otherwise excluded from or ineligible for participation in Federal Assistance Programs or activities?

Yes No Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity?

Yes No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

6. Human Subjects

Yes No Does this subrecipient project involve Human Subjects?
Yes No Is the project Research Exempt? If "Yes" Enter Exemption Category (1-6):

Subrecipient Federalwide Assurance (FWA) #: \_\_\_\_\_

A copy of the IRB approval(s) must be provided before any subaward will be issued. Please submit with this form, if available at time of proposal. Contact irb@unl.edu for any questions specific to human subjects compliance.

7. Animals

Yes No Does this subrecipient project involve Vertebrate Animals? If "Yes" respond below
Yes No Is there an active or approved IACUC protocol? If "Yes" what is the number?:

Subrecipient Animal Welfare Assurance Number: \_\_\_\_\_

Subrecipient AAALAC Accreditation: \_\_\_\_\_ Subrecipient USDA registration Number: \_\_\_\_\_

A copy of the IACUC approval(s) must be provided before any subaward will be issued. Please submit with this form, if available at time of proposal. Contact iacuc@unl.edu for any questions specific to animal compliance.

8. Biosafety

Yes No Does this project include research involving recombinant or synthetic nucleic acid molecules? If "Yes" respond below:
Yes No Is the research exempt from the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules? If "No" complete the following:

Subrecipient IBC protocol approval number: \_\_\_\_\_

Subrecipient IBC protocol approval date: \_\_\_\_\_ Subrecipient IBC protocol expiration date: \_\_\_\_\_

A copy of IBC approval(s) must be provided before the subaward will be issued. Please submit with this form, if available at time of proposal. Contact ibc@unl.edu for any questions specific to bio-safety compliance.

9. Radiation Safety

Yes No Does this project include the use of ionizing radiation? If "Yes" respond below:
Yes No Is the ionizing radiation exempt from licensing or registration? If "No" complete the following:

Subrecipient License or Registration number: \_\_\_\_\_

Subrecipient License or Registration issue/approval date: \_\_\_\_\_

Subrecipient License or Registration expiration date: \_\_\_\_\_

Contact rso@unl.edu for any questions specific to radiation safety compliance.

SECTION E - SUBRECIPIENT AUDIT REQUIREMENTS

Yes No Does the Subrecipient receive an annual audit in accordance with A-133 or Uniform Guidance 2 CFR Part 200 Subpart F - Audit Requirements?

If "Yes" Fiscal year of most recent audit: \_\_\_\_\_

Yes No Were any audit findings reported in your most recent audit?

If "Yes" to audit findings, provide a description of the finding in Section I - Comments at the end of the document

Subrecipients receiving an annual audit under A-133 or UG 2 CFR 200 Subpart F are required to provide a copy of the most recent audit report to UNL Sponsored Programs before a subaward will be issued. Email to unlosp@unl.edu or provide the URL link.

URL Link for audit: \_\_\_\_\_

If Subrecipient does not receive an annual audit in accordance with A-133 or UG 2 CFR 200 Subpart F, please select the appropriate box indicating why the Subrecipient would not be subject to compliance with A-133 or UG 2 CFR 200 Subpart F certification: (check as applicable)

- Non-Profit entity that expended less than \$500,000 in U.S. federal funds during previous fiscal year
U.S. Government Entity
Foreign Entity
For-Profit Entity
Other (please explain): \_\_\_\_\_

**SECTION F – SUBRECIPIENT CONFLICT OF INTEREST**

As of August 24, 2012, the Public Health Service (PHS) Financial Conflict of Interest FCOI policy is separate and distinct from that of the National Science Foundation (NSF). Please respond to each of the following separately.

**1. NSF (or other sponsors that have adopted the NSF financial disclosure requirements) only (check as applicable):**

Not Applicable. No NSF funding involved.

Subrecipient certifies that it **has** an active and enforced NSF-compliant Conflict of Interest policy and will rely on this policy and associated procedures to comply with NSF Conflict of Interest policy.

Subrecipient **does not have** an active and/or enforced conflict of interest policy and agrees to abide by and follow UNL's policy including all financial interest disclosure and management processes. The policy may be found at [UNL Conflict of Interest in Research Policy](#).

**2. NIH (or other sponsors that have adopted the PHS financial disclosure requirements) only (check as applicable):**

Not Applicable. No sponsor that follows the PHS FCOI policy involved.

Subrecipient certifies that it **has** an active and enforced PHS-compliant FCOI policy and will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

Yes, Subrecipient is registered as an organization with a PHS-compliant FCOI policy with the [FDP Clearinghouse](#).

Subrecipient **does NOT have** a PHS-compliant Financial Conflict of Interest (FCOI) policy.

Subrecipient must abide by and follow UNL's policy including all financial interest disclosure and management processes. The policy may be found at: [UNL Conflict of Interest in Research Policy](#). List in the space provided, the names of all investigators, as defined below, who will be involved in the subaward:

*Investigator: The project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants.*

In addition, prior to inclusion in our proposal submission, each of these individuals identified as investigators must complete a UNL Collaborator Interest Reporting Form. If awarded, prior to issuance of a subaward, each of these individuals must also complete online conflict of interest training.

- Please email [unlcoi@unl.edu](mailto:unlcoi@unl.edu) to obtain a copy of the form and instructions for completion.
- UNL Research Compliance Services, 2200 Vine Street, Suite 275, Lincoln, NE 68583-0863

| NAME | Email Address |
|------|---------------|
| 1.   |               |
| 2.   |               |
| 3.   |               |
| 4.   |               |
| 5.   |               |

**SECTION G – Federal Funding Accountability and Transparency Act (FFATA) Information (complete when collaborating on a U.S. federal project only)**

UNL is required under [FFATA](#) to collect Subrecipient information for transactions exceeding \$25,000.

**Are all of the following true for your institution for the preceding fiscal year?** Yes - **\*\*\*** No – skip to sections H

- Received eighty percent (80%) or more of its annual gross revenues in Federal awards (federal contracts and subcontracts, loans, grants and subgrants, and cooperative agreements); AND
- Received twenty-five million (\$25M) or more in annual gross revenues from Federal awards; AND
- The public does not have access to information about compensation of the five most highly compensated officers of your institution through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1).

**\*\*\* Only complete the below compensation report if you checked "Yes" in the box above.\*\*\***

Total compensation and names of top five executives (if applicable)

| Name | Compensation Amount |
|------|---------------------|
| 1.   | \$                  |
| 2.   | \$                  |
| 3.   | \$                  |
| 4.   | \$                  |
| 5.   | \$                  |

**SECTION H – Responsible Conduct in Research (RCR)**

1. National Science Foundation (NSF) RCR Certification

Not applicable. This project is not being submitted to NSF for funding.

Subrecipient certifies that it maintains an institutional plan to meet NSF’s requirements for RCR. Subrecipient confirms that it will verify that all NSF-supported undergraduate students, graduate students, and postdoctoral researchers are trained in RCR.

2. National Institutes of Health (NIH) RCR Certification

Not applicable. This project is not providing NIH support to trainees, fellows, participants, or scholars (undergraduate and/or graduate students and postdocs) through any NIH training, career development award, research education grant, or dissertation research grant.

Subrecipient certifies that it will monitor and maintain records for the individual training plans as proposed by Subrecipient in accordance with NIH’s RCR training requirements.

3. US Department of Agriculture-National Institute of Food and Agriculture (USDA-NIFA) RCR Certification

Not applicable. This project is not being submitted to USDA-NIFA for funding.

Subrecipient certifies that it has an institutional plan compliant with USDA-NIFA’s most recent Agency-Specific Terms & Conditions requirements related to RCR.

**SECTION I – COMMENTS**

**SECTION J – AUTHORIZED SIGNATURE**

The information, certifications, and representations above have been read, signed, and made by an authorized institutional official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

By the signature below, Subrecipient certifies (1) that the information submitted within the application is true, complete and accurate to the best of the Subrecipient's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the institution and PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the prime recipient's application.

Any work begun and/or any expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk. In addition, no work involving human subjects and/or animals may begin until the Subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

Printed Name and Title of Authorized Official: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

Date \_\_\_\_\_