



## SUBRECIPIENT COMMITMENT FORM

Subrecipients must complete this form when submitting a proposal to UCF.  
Please complete and return this form to the UCF Authorized Representative identified below.

### SECTION A: Organization Information

Legal Name of Subrecipient's Organization/Institution		Name: Subrecipient Technical Lead    Email:	
Address		City, State, Zip	
Federal Employer Identification Number (EIN)	DUNS or DUNS+4 Number	Congressional District/s	
Subrecipient Parent Entity Legal Name (if applicable)		Subrecipient Parent Entity Address	
Parent Entity Congressional District	Parent Entity DUNS or DUNS+4 Number	Parent Entity Employer Identification Number (EIN)	
UCF's Prime Sponsor	UCF's Technical Lead	Proposed Project Period	
Project Title			

### SECTION B: Certifications

1. Is Subrecipient registered in the **System for Award Management (SAM)** (formerly the Central Contractor Registration)?

Yes  No

2. **Facilities and Administrative Rates**

Does your organization has a Federally Negotiated F&A Rate? Yes  NO

Facilities and Administrative Rates included in this proposal have been calculated based on:

Federally-negotiated F&A rates for this type of work  
*(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)*  
**URL:**

10% de minimis MTDC rate based on 2 CFR 200.414(f) "Indirect F&A Costs"

Rate limited to \_\_\_\_\_ percent  MTDC or  TDC in accordance with proposal solicitation

Other rates (please specify the basis on which the rate has been calculated in **Section G** below).

3. **Fringe Benefit Rates** included in this proposal have been calculated based on:

Rates consistent with or lower than our federally-negotiated rates

*(If this box is checked, please attach a copy of your Fringe Benefit rate agreement or provide a URL link to the agreement.)*

**URL:**

Other rates *(please specify the basis on which the rate has been calculated in Section F below and affirm the rates are consistently applied to all sponsored research proposals).*

4. Is Subrecipient a **Small Business Concern** as defined in 13 CFR 124.1002?

Yes  No

If **YES**, Subrecipient represents that it is a:    Select One

5. Does Subrecipient have a **Government-approved property control system**?

Yes  No

6. Is Subrecipient registered with the **Directorate of Defense Trade Controls (DDTC)**? Yes  No

**7. Debarment and Suspension**

Is the Subrecipient's Technical Lead 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

The Subrecipient certifies that it: *(answer all questions below)*

is  is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.

is  is not presently indicted for, or otherwise criminally or civilly charged by a government entity.

has  has 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 commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

has  has not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

**SECTION C: Conflict of Interest**

**8. Conflict of Interest Certification**

Is this project funded by PHS, NSF, or any other sponsor that has adopted the federal financial requirements? Yes  No

If **YES**, please select one of the responses below:

- Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR 50, Subpart F and 45 CFR 94, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient further certifies that, to the best of its knowledge, all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and 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 expenditure of any funds under any resultant agreement.
- Subrecipient certifies that it has an active and enforced COI policy that is consistent with the provisions of NSF Award and Administration Guide, Chapter IV - Grantee Standards, A. Conflict of Interest Policies. Subrecipient further certifies that, to the best of its knowledge, all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and 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 expenditure of any funds under any resultant agreement.
- Subrecipient does not have an active or enforced conflict of interest policy hereby agree(s) to comply with the University of Central Florida's policies and procedures (available at <http://www.coi.ucf.edu>) relating to financial conflicts of interest. In accordance with this commitment, each Investigator(s), defined as persons responsible for the design, conduct, or reporting of this work, will submit a Subrecipient Disclosure Form prior to the expenditure of funds and complete CITI conflict of interest training within 30

calendar days of agreement execution.

No individuals have been identified as Investigators

Names of individuals identified as Investigators are shown below:

Investigator Name
1.
2.
3.
4.
5.

## SECTION D: Audit Status

### 9. Audit Status

Subrecipient expended \$750,000 or more in federal funds in Subrecipient's last fiscal year, and received a single or program-specific audit for that year in accordance with 2 CFR 200 Subpart F.

a. Most recent fiscal year (FY) completed: **FY:** \_\_\_\_\_  
(Please attach a copy of your most recent audit or provide a URL link to the document.)  
**URL:**

b. Were any Research Cluster audit findings reported?      **Yes**  **No**

If **YES**, the audit finding(s) considered a: **Select One**

Subrecipient **DOES NOT** receive an annual audit in accordance with 2 CFR 200 Subpart F because  
Subrecipient is **Select One**

If Subrecipient does not receive an annual audit in accordance with 2 CFR 200 Subpart F:  
Please complete the [Audit Certification and Financial Status Questionnaire](#). A limited scope audit may be required.

## SECTION E: Project Information

10. Will **Human Subjects** be involved in this project?      **Yes**  **No**

\_\_\_\_\_  
Determination of Exemption or IRB Approval Date

\_\_\_\_\_  
IRB Protocol Number

If **YES**, a copy of the determination of exemption or IRB approval must be provided to the UCF Administrative Contact listed below before a subaward may be issued. If not attached here, obtain approval as required and forward these documents to UCF's PI and to UCF's Authorized Representative identified below.

If **YES**, and proposal is to **NIH**, all key personnel engaged with human subjects must take NIH human subjects research training or other human subjects research training as required by NIH [http://grants.nih.gov/grants/policy/hs/hs\\_policies.htm](http://grants.nih.gov/grants/policy/hs/hs_policies.htm)

a) Have all key personnel involved in the project completed human subjects training?      **Yes**  **No**

11. If human subjects are involved in this project, does your organization/institution have a Federal Wide Assurance Number?      **Yes**  **No**

\_\_\_\_\_  
FWA Number

12. Will **Animals** be involved in this project?       **Yes**       **No**

\_\_\_\_\_  
IACUC Approval Date

\_\_\_\_\_  
IACUC Protocol Number

If **YES**, a copy of the IACUC approval must be provided to the UCF Administrative Contact listed below before a subaward may be issued. If not attached here, obtain approval as required and forward these documents to UCF's PI and UCF's Authorized Representative identified below.

13. **Cost Sharing:**  Yes  No **Amount: \$**

*Cost sharing amounts and justification should be included in Subrecipient's proposal.*

14 Will there be an exchange of confidential information (requiring a **Confidential Disclosure Agreement**) associated with this project?  Yes  No

15 Will there be an exchange of materials (requiring a **Material Transfer Agreement**) associated with this project?  Yes  No

#### SECTION F: Research Misconduct Assurance:

16 Is this project funded by PHS?  Yes  No

If **YES**, please select one of the responses below:

Does your organization/institution have a **Research Misconduct (RM) Assurance of Compliance** on file with the DHHS Office of Research Integrity (ORI)?  Yes  No

If **YES**, provide the RM Assurance Number: \_\_\_\_\_

If **NO**, please complete the [DHHS PHS Assurance of Compliance by Sub-Award Recipients Form](#) and submit to the ORI address indicated at the bottom of the form. Please provide a copy of the completed form to UCF. Assurance program inquiries should be sent directly to ORI [AskORI@hhs.gov](mailto:AskORI@hhs.gov).

The following documents are attached to this **Subrecipient Commitment Form** and included in Subrecipient's proposal submission being submitted for UCF's consideration and are covered by the certifications below: *(check as applicable)*

**STATEMENT OF WORK** (required at proposal)

**BUDGET AND BUDGET JUSTIFICATION** (required at proposal)

Most recent **FINANCIAL AUDIT** (required at proposal)

Most recent **W-9** (required to issue subaward)

**CERTIFICATE OF CURRENT COST OR PRICING DATA**

*(required for awards exceeding \$700,000 and where price was not established by adequate price competition by catalog prices or by law. Nonprofit Subrecipients are exempt from this certification when the agreement type is cost-reimbursable no-fee)*

Small/Small Disadvantaged Business **SUBCONTRACTING PLAN**, in agency-required format

*(if Subrecipient if receiving \$650,000 or greater for research or \$1.5 million for construction to a second-tier party)*

**OTHER:** \_\_\_\_\_

**SECTION G: Comments**

**APPROVED FOR SUBRECIPIENT**

The information, certifications and representations above 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 subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work performed and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

***Please return completed Subaward Commitment Form to the University of Central Florida to the attention of:***

Name and Title of UCF Authorized Official or designee

Email

12201 Research Parkway, Suite 501

Address

Phone

Orlando, FL

32826-3246

City, State

Zip