



UNIVERSITY OF MARYLAND
EASTERN SHORE

University of Maryland Eastern Shore
Office of Sponsored Research and Programs
www.UMES.edu/OSRP

SUBRECIPIENT COMMITMENT FORM

Date: _____

UMES INFORMATION

Principal Investigator: _____
Proposal Title _____
Prime Sponsor _____
Period of Performance _____

SUBRECIPIENT INFORMATION

Subrecipient Institution Legal Name: _____

Principal Investigator: _____
Proposal Title: _____
Place of Performance: _____
Phone: _____ Fax: _____ Email: _____

Administrative Contact: _____
Phone: _____ Fax: _____ Email: _____
Congressional District: _____ Zip Code: _____ - _____ EIN# _____
DUNS# _____

Fiscal Officer: _____
Phone: _____ Fax: _____ Email: _____
Remittance Address: _____
Requested Amount of Funding for Subrecipient: _____

Authorized Official: _____
Phone: _____ Fax: _____ Email: _____
Address: _____

PROPOSAL DOCUMENTS

The following documents must be included in Subrecipient's subaward proposal submission:

- Statement of Work
- Budget and Budget Justification
(If multi-year subaward, then Budget is to include entire length of project, broken down by year.)
- PI Current and Pending
- Key Personnel CV
- Letter of support/commitment
- OTHER: _____
- OTHER: _____

SPECIAL REVIEW AND CERTIFICATIONS

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

- Subrecipient federally-negotiated F&A rates for this type of work, or a reduced F&A rate that Subrecipient hereby agrees to accept.
(If this box is checked, a copy of Subrecipient's F&A rate agreement must be submitted along with this Subrecipient Commitment Form.)
- Other rates
(Please specify the basis on which the rate has been calculated.)

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

- Rates consistent with or lower than Subrecipient's federally-negotiated rates.
(If this box is checked, a copy of Subrecipient's Fringe Benefit rate agreement must be submitted along with this Subrecipient Commitment Form.)
- Other rates
(Please specify the basis on which the rate has been calculated.)

3. **Cost Sharing** Yes No **Amount:** \$ _____
(Cost sharing amounts and justification should be included in Subrecipient's budget.)

REGULATORY APPROVALS (Questions 4-12)

4. **Debarment, Suspension, Proposed Debarment**

Is Principal Investigator or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance? Yes No

Subrecipient certifies that they: (answer all questions below)

- Are Are Not Presently debarred on the SAM system
- Are Are Not Presently debarred, suspended, proposed for debarment, or ineligible for award of Federal Contracts
- Are Are Not presently indicted for, or otherwise criminally or civilly governmental entity.
- 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 commission of embezzlement, theft,
- Have Have Not Within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency. If you have, please provide explanation:

5. Human Subjects Research Yes No Approval Date: _____
 If "Yes": Provide Federal wide Assurance (FWA) Number: _____

6. Vertebrate Animal Research Yes No Approval Date: _____
 If "Yes": Provide Approval Date: _____
 (If "Yes": A copy of the IACUC Committee approval must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to NCA&T's PI as soon as they become available.)
 Does your organization /institution have a PHS Animal Welfare Assurance Number?
 Yes No If "Yes": Provide Number: _____

7. Hazardous Materials Yes No
 If Yes, is an institutional Hazardous Materials Management Plan in place? Yes No

8. Fiscal Responsibility
 Subrecipient 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 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 provision 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 contract 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.

A 133 Audit Status

Does Subrecipient receive an annual audit in accordance with OMB Circular A-133?

Yes No

If "Yes": Has the audit been completed for the most recent fiscal year? Yes No

If "Yes": Were any audit findings reported? Yes No

Please explain any audit findings:

If Subrecipient does not receive an annual audit in accordance with OMB Circular A-133, please select the appropriate box indicating why the Subrecipient would not be subject to compliance with A-133 certification:

- Non-profit entity expending less than \$500,000 per year in Federal and Sub-Federal funds
- Foreign (non-U.S.) entity
- For-profit entity that expends Federal or Sub-Federal funds and has DCAA audited rates
- For-profit entity that does not expend Federal or Sub-Federal funds
- For-profit entity that *does not* have annual audits For-profit entity that *has* annual audit
- Federal Agency
- Other

Authorized Signature

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 should an award be made.

Any work begun 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

Printed Name and Title of Authorized Official

Telephone Number

Email