**Subrecipient Commitment Form**

UNIVERSITY OF NEBRASKA-LINCOLN (UNL) INFORMATION (UNL use only) NUgrant #: xxxxxx

UNL PI Name: NAME

Project Title: TITLE

Prime Sponsor: PRIME Project Period: MM/DD/YYYY – MM/DD/YYYY

**SECTION A – CONTACT INFORMATION**

1. Subrecipient Information

Subrecipient Legal Name: NAME

Performance Site Address: ADDRESS

City: CITY State: STATE Zip: xxxxx-xxxx

DUNS # (required): xxxxxxxxx Performance Site Congressional District: ST-XXX

Parent Entity DUNS Number (if applicable): xxxxxxxxx EIN: XX-XXXXXXX

Sub Project Period: MM/DD/YYYY – MM/DD/YYYY Sponsor Dollars Requested: $XX,XXX

1. Principal Investigator Contact Information

Name/Title: NAME/TITLE

Phone: (XXX) XXX-XXXX Email: EMAIL@XYZ.EDU

Address: STREET ADDRESS

City: CITY State: STATE Zip: xxxxx-xxxx

1. Administrative/Contractual Contact Information

Name/Title: NAME/TITLE

Phone: (XXX) XXX-XXXX Email: EMAIL@XYZ.EDU

Address: STREET ADDRESS

City: CITY State: STATE Zip: xxxxx-xxxx

1. Financial Contact Information

Name/Title: NAME & TITLE

Phone: (XXX) XXX-XXXX Email: EMAIL@XYZ.EDU

Address: STREET ADDRESS

City: CITY State: STATE Zip: xxxxx-xxxx

**SECTION B – PROPOSAL DOCUMENTS**

|  |  |
| --- | --- |
| [ ] Statement of Work (Required) | [ ] Other Support documents of all key personnel |
| [ ] Budget & Budget Justification (Required) | [ ] Subrecipient Commitment Form (Required) |
| [ ] Biosketches | [ ] Other: Click here to enter text. |
|  |  |

**SECTION C – CERTIFICATIONS**

1. Facilities and Administrative Rate

 The rates included in the proposal have been calculated based on: [ ]  Not applicable *(No indirect cost request for Subrecipient)*

[ ]  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: Click here to enter text.

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

Comments: Click here to enter text.

1. Fringe Benefit Rate

 The rates included in the proposal have been calculated based on: [ ]  Not applicable *(No indirect cost request for Subrecipient)*

[ ]  Rates consistent with or lower than our federally-negotiated rates

 *A copy of your FB rate agreement or a URL link to the agreement must be furnished to UNL with this form.*

URL Link for Fringe Benefits: Click here to enter text.

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

Comments: Click here to enter text.

1. Fiscal Responsibility

 The organization certifies that it’s 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.

1. Subrecipient Business Status

|  |  |  |
| --- | --- | --- |
| [ ] Large Business | [ ] Institution of Higher Education | [ ] Alaska Native Corporation (ANC) |
| [ ] Small Business | [ ] Historic Black College of University/Minority Institution | [ ] Other Click here to enter text. |

If a Small business, identify business classification (\*certified by the Small Business Administration):

|  |  |
| --- | --- |
| [ ] 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\* |
|  |  |

1. 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 Programs or activities? *(if “YES” please explain in Section G Comments)*

**Subrecipient Organization/Institution hereby certifies that they: (Check all boxes below)**

[ ]  Are not presently indicted for, or otherwise criminally or civilly charged by a government agency.

[ ]  Are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal Contracts

[ ]  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, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

1. Human Subjects

Does this project involve Human Subjects? [ ] Yes [ ] No

Research Exempt? [ ] Yes [ ] No If “Yes” Exemption Category (1-6): 1-5 Federalwide Assurance (FWA) # xxxxxxxx

If “YES”, Copies of the IRB approval must be provided before any subaward will be issued.

1. Animals

Does this project involve Vertebrate Animals? [ ] Yes [ ] No

Animal Welfare Assurance Number: xxxxxxxxxxxx

If “YES”, Copies of the IACUC approval must be provided before any subaward will be issued.

**SECTION D – A-133 AUDIT STATUS**

Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133? [ ] Yes [ ] No

Were any audit findings reported in your most recent A-133 audit? [ ] Yes [ ] No Fiscal year of most recent audit: YYYY

If "YES" provide a description of the finding in Section - G Comments below

Other (please explain): Click here to enter text.

Subrecipients receiving an annual audit are required to provide a copy of the most recent A-133 audit report or the URL link to UNL Sponsored Programs before a subaward will be issued. May email to unlosp@unl.edu.

URL Link for A-133 audit: Click here to enter text.

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: (check all that apply)

|  |
| --- |
| [ ] Subrecipient receives overall federal funding less than $500,000 per year? |
| [ ] Non-Profit entity (under federal funding threshold) |
| [ ] Government Entity | [ ] Federal Agency |
| [ ] Foreign Entity | [ ] For-Profit Entity |

**SECTION E – CONFLICT OF INTEREST – Projects Subject to PHS FCOI Regulation ONLY**

If project not subject to regulation, check box here and skip section F[ ] This project not subject to PHS FCOI regulation

[ ] Yes Is the subrecipient Organization/Institution registered in the FDP Clearinghouse indicating compliance with the

[ ] No provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research?" If "YES," skip to certification below.

[ ] Yes If the subrecipient Organization/Institution is not registered in the FDP Clearinghouse, does the subrecipient

[ ] No Organization/Institution have an active, current, and enforced Financial Conflict of Interest (FCOI) policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research?"

If "YES" to either of the above questions, certify the following:

 [ ]  Certifies all financial disclosures have been made related to the activities proposed through the subaward.

If "NO" certify the following:

 [ ]  Agree to abide by the UNL Conflict of Interest in Research Policy, available at: <http://research.unl.edu/orr/index.shtml>, and follow UNL's financial interest disclosure and management processes.

If "NO" please list all investigators involved in the subaward as defined here:

*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.*

|  |  |
| --- | --- |
| NAME | Email Address |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |
| 1. NAME
 |  Email |

**Each of these individuals identified as investigators must complete a UNL Collaborator Interest Reporting Form found here.**

Please email completed forms to mfunk2@unl.edu or

mail hard copy to: UNL Research Compliance Services, 312 N 14th Street, Suite 209, Lincoln, NE 68588-0408

**SECTION F – Federal Funding Accountability and Transparency Act (FFATA) Information**

UNL is required under the Federal Funding Accountability and Transparency Act (FFATA) to collect Subrecipient information for transactions exceeding $25,000.

**Are the following true for your institution for the preceding fiscal year?** [ ] Yes - \*\*\* [ ] No – skip to sections G & H

Received 80% or more of its annual gross revenues in Federal awards (federal contracts and subcontracts, loans, grants and subgrants, and cooperative agreements); AND

Received $25,000,000 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. NAME
 | $ XX,XXX |
| 1. NAME
 | $ XX,XXX |
| 1. NAME
 | $ XX,XXX |
| 1. NAME
 | $ XX,XXX |
| 1. NAME
 | $ XX,XXX |

**SECTION G – COMMENTS**

**SECTION H – AUTHORIZED SIGNATURE**

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative 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. 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: Click here to enter text.

Email: Click here to enter text. Phone (XXX) XXX-XXXX

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