

**SUBRECIPIENT COMMITMENT FORM – SHORT FORM**

**Federal Demonstration Partnership (FDP) Expanded Clearinghouse Program**

Subrecipients who are part of the [FDP Expanded Clearinghouse Program](#) must complete this form when proposing to participate in a UCSB proposal as a subrecipient. It must be endorsed by the authorized institutional representative prior to proposal submission. A list of participating program organizations can be found at the [FDP Expanded Clearinghouse Program](#) website.

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The Regents of the University of California, Santa Barbara
Sub DUNS:		PTE DUNS:	094878394

*Information above must match FDP Expanded Clearinghouse Pilot Entity Profile*

Sub Principal Investigator:		PTE Principal Investigator:	
Sub Internal Project Identifier (optional)		PTE Internal Project Identifier (ex. ORBIT #):	

Project Title:			
Prime Awarding Sponsor:		Complete Project Period:	Start:            End:
Total Proposed Amount for Complete Project Period:	\$	Cost Sharing Amount for Complete Project Period:	\$

*If Cost Sharing, a separate cost share budget and justification should be attached*

<b>Project Facilities &amp; Administrative Rates (Check one):</b>			
<input type="checkbox"/> Federally negotiated F&A rate that matches our FDP Expanded Clearinghouse Pilot Entity Profile			
<input type="checkbox"/> A reduced F&A rate dictated by the prime awarding agency. Rate: _____ Base Type: _____			
<input type="checkbox"/> Not applicable (no indirect costs are requested by Sub)			
<b>Project Use Information:</b>			
Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Stem Cell <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dual Use Research of Concern (DURC) <input type="checkbox"/> Yes <input type="checkbox"/> No		Genomic Data Sharing Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please forward approval(s)/document(s) to UCSB's PI as soon as available these must be provided before any subaward can be issued</i>			
Subrecipient <input type="checkbox"/> will, <input type="checkbox"/> will not provide covered telecommunications equipment or services, as defined in Public Law 115-232, to UCSB or to the Government in the performance of this subaward.			
Does the Subrecipient or the Subrecipient's PI have an existing relationship with UCSB or UCSB's PI: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes explain:			
<b>Institutional Authorized Official Information:</b>			
Sub Name/Title:		PTE Name/Title:	Daniela Gallardo/Subaward Officer
Sub Phone:		PTE Phone:	(805) 893-7027
Sub Email:		PTE Email:	subawards@research.ucsb.edu
Sub Email for Awards (if different from above):			
Sub Place of Performance the same as FDP Expanded Clearinghouse Pilot Entity Profile's (for FFATA reporting purposes): <input type="checkbox"/> YES <input type="checkbox"/> No, if no enter address here: Click here to enter text.			
<b>Proposal Documents</b>			
The following documents are included in our subaward proposal:			
<input type="checkbox"/> Sub Statement of Work (Required)		<input type="checkbox"/> Cost Sharing Budget and Justification (if applicable):	
<input type="checkbox"/> Sub Budget		<input type="checkbox"/> Small Business Subcontracting Plan (if applicable):	
<input type="checkbox"/> Sub Budget Justification (Required)		<input type="checkbox"/> Other: Click here to enter text.	
<input type="checkbox"/> Sub Biosketches (if applicable)			

This proposal has been reviewed and approved by the authorized institutional representative of Subrecipient, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are award of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

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

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