

SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to UCSB. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the authorized institutional representative prior to proposal submission.

Subrecipient's Legal Name: _____

Subrecipient's Principal Investigator: _____

UCSB's Principal Investigator: _____ Prime Sponsor: _____

UCSB's Proposal Title: _____

Subrecipient Total Funds Requested: _____ Performance Period Begin Date: _____ End Date: _____

Section A: Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below:

- STATEMENT OF WORK (Required)
- BUDGET AND BUDGET JUSTIFICATION (Required)
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (If required by prime sponsor)

Section B: Certifications

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

- Our federally negotiated F&A rates for this type of work. If this box is checked, a copy of your F&A rate agreement *must* be furnished to UCSB Sponsored Projects.
- A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: _____ Base: _____
- Other rates as specified in Section F: Comments (if applicable, attach DCAA documentation)
- Not applicable (No indirect cost are requested by Subrecipient).

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

- Rates are consistent with or lower than our Federally negotiated rates. If this box is checked, a copy of your Federal fringe benefit rate agreement *must* be furnished to UCSB Sponsored Projects.
- Other rates as specified in Section F: Comments (please specify the basis on which the rate has been calculated)

3. **Human Subjects** YES NO

Will the research be supported by federal funding? YES NO

If YES, then 1-4 apply. If NO, only 3-4 apply.

If applicable, the following documentation must be provided before any subaward can be issued:

- 1) IRB certification - must include an OHRP approved Federal Wide Assurance (FWA) number with expiration date.
- 2) The reviewing IRB's IORG registration number: _____ and Expiration date: _____
- 3) IRB approval letter (ethical review letter is acceptable if not federal funding)
- 4) Verification of Human Subjects training - Please attach a list of key personnel who are on this project, including human subjects training certificates.

Please forward all required documents to UCSB's Sponsored Projects Office, Attn: Subaward Officer as soon as they become available. Please indicate the UCSB Principal Investigator's name for reference.

4. **Animal Subjects** YES NO

If YES, please provide:

- 1) A copy of the IACUC approval letter.
- 2) Your institution's PHS Assurance number. PHS Assurance No.: _____ Expiration Date: _____

These must be provided before any subaward can be issued. Please forward these documents to UCSB's Sponsored Projects Office, Attn: Subaward Officer as soon as they become available. Please indicate the UCSB Principal Investigator's name for reference.

5. **Stem Cells** YES NO

If YES, a copy of the Stem Cell approval must be provided before any subaward will be issued. Please forward these documents to UCSB's Sponsored Projects Office, Attn: Subaward Officer as soon as they become available. Please indicate the UCSB Principal Investigator's name for reference.

6. **Dual Use Research of Concern (DURC)** Will the research performed under this Subaward involve any DURC research? YES NO

If **YES**, then you must provide a copy of your Institutional Review Entity's (IRE) determination as to whether the research qualifies as DURC. If your IRE determines that the research meets the definition of DURC, as outlined in section 6.2 of the U.S. Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern, a copy of the funding agency approved mitigation plan must be provided to UCSB before any subaward will be issued. Please forward these documents to UCSB's Sponsored Projects Office, Attn: Subaward Officer as soon as they become available. Please indicate the UCSB Principal Investigator's name for reference. For more information please see NIH Guide notice [NOT-OD-15-017](http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf) and the federal-wide policy at <http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf>

7. **Genomic Data Sharing Policy** (Applicable to projects funded by PHS/NIH, see announcement NOT-OD-14-124) YES NO

If **YES**, a copy of the Institutional Certification for large-scale human genomic data must be provided before any subaward will be issued. Please forward these documents to UCSB's Sponsored Projects Office, Attn: Subaward Officer as soon as they become available. Please indicate the UCSB Principal Investigator's name for reference. Additionally, investigators are expected to make all large scale data (human and non-human) publicly available through a data repository (e.g. dbGaP, GEO, SRA).

8. **Cost Sharing** YES NO

If **YES**, explanation of Cost Sharing sources *must* be included in the subrecipient's budget. Please note that an annual verification of cost share commitment will be required.

9. **National Science Foundation - Conflict of Interest**

Applicable to NSF, including NSF flow-through or any other sponsor that requires similar disclosure requirements.

- Not applicable because this project is not being funded by NSF or any other sponsor requiring similar COI disclosure.
- Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of NSF Award & Administration Guide Chapter IV.A and 2 CFR Part 215.
- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UCSB's policy. See: <http://www.research.ucsb.edu/policies-forms/policies/> for the text of UCSB Research Circular D.3. To comply with this policy please email Research Conflict of Interest Coordinator at coi@research.ucsb.edu.

10. **Public Health Service - Conflict of Interest**

Applicable to projects funded by PHS/NIH, or any other sponsor that requires similar disclosure requirements.

- Not applicable because this project is not being funded by PHS/NIH or any other sponsor requiring similar COI disclosure.
- Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F and 45 CFR Part 94.
- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UCSB's policy. See: <http://www.research.ucsb.edu/policies-forms/policies/> for the text of UCSB Research Circular D.1. To comply with this policy please email the Research Conflict of Interest Coordinator at coi@research.ucsb.edu.

11. **Ethics in Research Training**

Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training.

- Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.
- Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this proposal will be trained on the oversight in the responsible and ethical conduct of research.

12. **Research Misconduct** (Applicable to projects funded by PHS/NIH)

- Not applicable because this project is not being funded by PHS/NIH.
- Subrecipient organization/institution hereby certifies that it has completed and submitted the "Assurance of Compliance by Sub-Award Recipients available at: <http://ori.hhs.gov/sites/default/files/PHS-6315.pdf>.

13. Debarment, Suspension, Proposed Debarment

Is the PI 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

If YES, please explain in Section F: Comments.

If NO, the Organization Certifies they: (answer all questions below)

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

are are not presently indicted for, or otherwise criminally or civilly charged by a government agency.

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 commissions of 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

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

14. Is the subrecipient a Historically Black College or University (HBCU)? YES NO

15. Is the Subrecipient a for-profit entity? YES NO

If YES, please complete and attach Form E: Vendor Information Form located at www.bfs.ucsb.edu/purchasing/forms

Section C: Audit Status

1. Does the subrecipient receive an annual audit in accordance with OMB Circular A-133/Uniform Guidance? YES NO

If YES; a) A complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to UCSB Sponsored Projects before a subaward will be issued.

b) Has the audit been completed for the most recent fiscal year? Yes No

c) Were there any audit findings reported? Yes No If Yes, UCSB requires that the entity complete the Certification of Compliance located at <http://www.research.ucsb.edu/spo/subawards/>

If NO, UCSB requires that the entity complete a Financial Management Systems Questionnaire www.research.ucsb.edu/spo/subawards/ and may require a limited-scope audit before a subaward can be issued.

Section D: Subrecipient Institutional Information

1. Location of Subrecipient Address: _____

City, State, Zip: _____ Congressional District: _____

Primary Place of Performance (If primary place of performance is different than Location of Subrecipient)

Address (City, State, Zip): _____

Congressional District: _____

2. Subrecipient DUNS Number: _____

3. Subrecipient EIN Number: _____

4. Subrecipient NAICS Code: _____

5. Is Subrecipient owned or controlled by a parent entity? YES NO If YES, provide information for the parent entity below;

Address (City, State, Zip): _____

Congressional District: _____

Parent DUNS Number: _____

Parent EIN Number: _____

6. Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) YES NO

If NO, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the SAM (System for Award Management) home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your CCR registration will take 3-5 business days to process. Subrecipient *must* maintain their current information in CCR.

7. Does the Subrecipient or the Subrecipient’s Principal Investigator have an existing relationship with UCSB or UCSB’s Principal Investigator? **YES** **NO** If **YES**, please describe relationship in Section F: Comments.

8. Federal Funding and Accountability Transparency Act (FFATA)

Provide the names and total compensation of the five (5) most highly compensated officers of the subrecipient entity if:

- a. The recipient in its preceding fiscal year received:
 - i. 80 percent or more of its annual gross revenues in Federal awards; **AND**
 - ii. \$25,000,000 or more in annual revenues from the Federal awards; **AND**
- b. The public does NOT have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S. C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Service Code of 1986 [26 USC 6104]

If **YES** to a and b: Attach List

If **NO** to a and/or b: check this box

For a helpful chart of the Top Five Compensated Officers Decision Tree for Subrecipients go to the below website: http://www.research.ucsb.edu/media/21955/top_five_compensated_officers_decision_tree.pdf

Note: “Total compensation” means the cash and noncash dollar value earned by the executive during the subrecipient’s past fiscal year of the following (for more information see 17 CFR 229.402 (c)(2)).

1. Salary and Bonus
 2. Award of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R
 3. Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 4. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 5. Above-market earning of deferred compensation which are not tax-qualified
- Other compensation. For Example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the values for the executive exceed \$10,000

Section E: Subrecipient Requirements and Responsibilities

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor. The following chart outlines the differences. Please check all that apply.

Subrecipient	Contractor
<input type="checkbox"/> Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the Federal program <input type="checkbox"/> Will use the Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of UCSB <input type="checkbox"/> Is responsible for adhering to applicable Federal program requirements specified in the Federal award <input type="checkbox"/> There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions	<input type="checkbox"/> Provides goods or services that are ancillary to the operation of the Federal program <input type="checkbox"/> Provides the goods or services purchased with the Federal funds within normal business operations <input type="checkbox"/> Provides similar goods or services to many different purchasers <input type="checkbox"/> Is not subject to the compliance requirements of the Federal program as a result of the agreement with UCSB <input type="checkbox"/> Normally operates in a competitive environment

Yes **No** My organization is properly categorized as a subrecipient as described above.

If “No,” please contact the UCSB PI about procuring your organization’s products and services as a contractor.

Section F: Comments (please attach additional pages if necessary)

Approved for Subrecipient

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. 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 Institutional Representative	Street Address	
_____	_____	
Typed Name of Subrecipient’s Authorized Institutional Representative	City, State, Zip	
_____	_____	_____
Title of Subrecipient’s Authorized Institutional Representative	Phone	Fax
_____	_____	
Date	Email Address	