

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 UEI: | | PTE UEI: | G9QBQDH39DF4 |

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

Project Facilities & Administrative Rates (Check one):

- ☐ Federally negotiated F&A rate that matches our FDP Expanded Clearinghouse Pilot Entity Profile.
☐ Defense Contract Audit Agency (DCAA) approved (attach document).
☐ 10% de minimus rate (allowable only if subrecipient does not have a federally negotiated rate).
☐ Other rates as required by the prime sponsor/guidelines.

Project Use Information:

Human Subjects ☐ Yes ☐ No Animal Subjects ☐ Yes ☐ No Stem Cell ☐ Yes ☐ No
 Dual Use Research of Concern (DURC) ☐ Yes ☐ No Genomic Data Sharing Plan ☐ Yes ☐ No

NIH International Subrecipient Reporting Requirements (For Non-U.S. Subrecipients ONLY):

Effective January 1, 2024, if the prime sponsor is the U.S. National Institutes of Health (NIH), Subrecipient is aware of the provisions of [NIH GPS 15.2.1](#) requiring that international subrecipients provide access (electronic access permissible) to copies of all lab notebooks, all data, and all documentation associated with the research as described in the progress report to the primary funding recipient and in alignment with progress report submission requirements, but on no less than an annual basis.

☐ Not applicable
 Subrecipient ☐ will/ ☐ will not comply with this requirement.

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

Does the Subrecipient or the Subrecipient's PI have an existing relationship with UCSB or UCSB's PI: ☐ No ☐ Yes, if yes explain: Click here to enter text.

Institutional Authorized Official Information:

| | | | |
|---|--|-----------------|-----------------------------------|
| 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): ☐ Yes ☐ No, if no enter address here: Click here to enter text.

Proposal Documents

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 aware 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