

**SUBRECIPIENT COMMITMENT FORM**

All Subrecipients **NOT** part of the [FDP Expanded Clearinghouse Program](#) 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.
  - Defense Contract Audit Agency (DCAA) approved (attach document).
  - 10% de minimus rate (allowable only if subrecipient does not have a federally negotiated rate); MTDC definition, see [200.68 Modified Total Direct Cost](#).
  - Other rates as required by the prime sponsor/guidelines.
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 cert.

**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 <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-017.html> 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, NSF flow-through or other sponsors requiring a similar disclosure)
  - 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: <https://www.research.ucsb.edu/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](mailto:coi@research.ucsb.edu).

- 10. **Public Health Service - Conflict of Interest** (Applicable to PHS/NIH, or other sponsors requiring similar a disclosure)
  - 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: <https://www.research.ucsb.edu/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](mailto:coi@research.ucsb.edu).
- 11. **Ethics in Research Training** (Applicable to projects funded by NSF or 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 for-profit entity? **YES**  **NO**  If **YES**, please complete and attach [Form E: Business Information Form](#)
- 15. **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 eh 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.

**Section C: Audit Status**

- Yes**, Subrecipient receive an annual audit in accordance with the Single Audit Act or Uniform Guidance Subpart F.
- No**, Subrecipient **DOES NOT** receive an annual audit in accordance with Single Audit Act or Uniform Guidance Subpart F. If **NO**, complete the [Financial Management Systems Questionnaire](#). A limited-scope audit may be required 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 **UEI/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 **UEI/DUNS** Number: \_\_\_\_\_  
 Parent EIN Number: \_\_\_\_\_
- 6. Is subrecipient currently registered in SAM? ([www.sam.gov](http://www.sam.gov)) **YES**  **NO**   
 Subrecipient must have a current SAM registration and maintain their current information in SAM prior to issuance of a subaward.
- 7. Does the Subrecipient or 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:  
<https://www.research.ucsb.edu/sites/default/files/SPO/TOP-5-COMPENSATED-OFFICERS-DECISION-TREE-FOR-SUBRECIPIENTS.doc>

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 and services within normal business operations <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** Our organization is properly categorized as a subrecipient based on our scope of work. **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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name and Title of Subrecipient's Authorized Institutional Representative

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone