

**SUBRECIPIENT COMMITMENT FORM**

All Subrecipients should 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.

Subrecipient Legal Name: \_\_\_\_\_

Subrecipient Principal Investigator: \_\_\_\_\_

UCSB Principal Investigator: \_\_\_\_\_ Prime Sponsor: \_\_\_\_\_

UCSB 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 applicable)

**Section B: Certifications (check all that apply)**

- 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, or a reduced F&A rate that we hereby agree to accept. If this box is checked, a copy of your F&A rate agreement must be furnished to UCSB Sponsored Projects
  - Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below)
  - Not applicable (No indirect cost are requested by subrecipient)
- 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 fringe benefit rate agreement must be furnished to UCSB Sponsored Projects.
  - Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)
- Human Subjects** Yes  No   
 If Yes, copies of: 1) IRB certification 2) IRB approved project protocol 3) approved "Informed Consent" form 4) verification of IRB training, all documents must be provided before any subaward can be issued. Please return these documents as an attachment to this form.  
 If pending, please forward these documents to UCSB's Sponsored Projects Office, attn: Subaward Analyst, as soon as they become available. Please indicate the UCSB principal investigator's name for reference. UCSB's IRB must conduct a secondary review of the subaward work and issue a companion approval before any subaward can be issued.  
 If Yes and NIH funding is involved:
  - Have all key personnel completed human subjects training at the subrecipient's institution? Yes  No
  - Please attach a list of key personnel who are on this project on a separate sheet.
  - Please have all key personnel take UCSB's human subjects training located at <http://hstraining.orda.ucsb.edu/IntroPage.htm>
- Animal Subjects** Yes  No   
 If Yes, a copy of the IACUC approval must be provided before any subaward will be issued.  
 If prime Sponsor is NIH please provide your institutions PHS Assurance number. If you do not have one on file, you will need to apply for one and provide it to us before any subaward will be issued. PHS Assurance No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 If pending, please forward these documents to UCSB's Sponsored Projects Office, attn: Subaward Analyst, as soon as they become available. Please indicate the UCSB principal investigator's name for reference.
- Stem Cells** Yes  No   
 If Yes, a copy of the Stem Cell approval must be provided before any subaward will be issued.  
 If pending, please forward these documents to UCSB's Sponsored Projects Office, attn: Subaward Analyst, as soon as they become available. Please indicate UCSB's principal investigator's name for reference.
- Cost -sharing** Yes  No   
 Explanation of Cost-sharing sources should be included in the subrecipient's budget. Please note that an annual verification of cost-share commitment will be required.
- Conflict of Interest** (applicable to NSF, including NSF flow-throughs or any other program (except PHS/NIH) requiring Federal Financial disclosure.
  - Not applicable because this project is not being funded by NSF.
  - 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.
  - 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's policy ([Research Circular D.1](#)).

8. **Public Health Service Financial Conflict of Interest** (applicable to projects funded by **PHS/NIH**, or any other program requiring DHHS Financial Conflict of Interest disclosure)  
 (1) I will follow the Conflict of Interest policy established and enforced by \_\_\_\_\_ (Skip to Section 9)  
 \_\_\_\_\_ (Subrecipient Legal Name)  
 (2) I will follow the Conflict of Interest policy established and enforced by the University of California, Santa Barbara. List the names of individuals working on this project that are responsible for the design, conduct, or reporting of the research.  
 See: <http://www.research.ucsb.edu/compliance/conflict-of-interest/> for the text of UCSB's policy (**Research Circular D.1**). Attach **900-U PHS Disclosure of Financial Conflict of Interest Form** for each individual named below. Each individual listed below will also have to complete the UCSB's Conflict of Interest Training (training available at <http://www.research.ucsb.edu/compliance/conflict-of-interest/> before engaging in research related to this PHS-Funded award and once every four years thereafter.
- |                                   |   |
|-----------------------------------|---|
| Subrecipient PI Name: _____       | Disclosure of FCI Form Attached<br><input type="checkbox"/> |
| Investigator/Key Personnel: _____ | <input type="checkbox"/>                                    |
| Investigator/Key Personnel: _____ | <input type="checkbox"/>                                    |
| Investigator/Key Personnel: _____ | <input type="checkbox"/>                                    |
| Investigator/Key Personnel: _____ | <input type="checkbox"/>                                    |
9. **Ethics in Research Training** (applicable to projects funded by NSF)  
 Not applicable because this project is not being funded by NSF.  
 Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.
10. **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 D *Comments* below.)
- 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 three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency
11. Is subrecipient a **Historically Black College or University (HBCU)**? Yes  No
12. Is subrecipient a **for-profit** entity? Yes  No  **If Yes**, please complete Business Information Form located at <http://www.busserv.ucsb.edu/purchasing/vendorguide.htm#7> and attach to this form.
- Section C: Audit Status (check all that apply)**
1. Does the subrecipient receive an annual audit in accordance with OMB Circular A-133? Yes  No   
 Note: 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 can be issued.
- a. **If No**, UCSB requires that the entity complete a Financial Management Systems Questionnaire located at <http://www.research.ucsb.edu/spo/subawards/> and may require a limited-scope audit before a subaward can be issued.
- b. **If Yes**, Has the audit been completed for the most recent fiscal year? Yes  No
- i. **If Yes**, Was there any audit findings reported? Yes  No  **If Yes**, UCSB requires that the entity that is subject to OMB Circular A-133 complete a certification of compliance located at <http://www.research.ucsb.edu/spo/subawards/>
- Federal Funding Accountability and Transparency Act (FFATA)**
- Organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the CCR home page at <https://www.bpn.gov/ccr/default.aspx> (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.
1. Location of Subrecipient (full address city, state, congressional district & country): \_\_\_\_\_  
 Note: If primary place of performance is different than Location of Subrecipient, provide location of where project will be performed (City, State, Congressional District, and *Country*): \_\_\_\_\_
2. DUNS Number of Subrecipient receiving award: \_\_\_\_\_
3. Is Subrecipient owned or controlled by a parent entity? Yes  No   
**If yes**, please provide DUNS Number and location (City, State, Congressional District, and Country) of parent entity: \_\_\_\_\_

4. Is subrecipient currently registered in Central Contractor Registration? ([www.ccr.gov](http://www.ccr.gov)) Yes  No
5. NAICS Code: \_\_\_\_\_
6. Provide the names and total compensation of the five (5) most highly compensated officers of the subrecipient entity if:
- The recipient in its preceding fiscal year received:
    - 80 percent or more of its annual gross revenues in Federal awards ; **AND**
    - \$25,000,000 or more in annual revenues from the Federal awards; **AND**
  - 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](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 ©(2)).
- Salary and Bonus
  - 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
  - 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.
  - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - 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

#### American Recovery and Reinvestment Act (ARRA)

1. Prime Funded by ARRA Funds? Yes  No  If yes, UCSB requires that the entity complete the American Recovery and Reinvestment Act Addendum located at <http://www.research.ucsb.edu/spo/subawards/>

#### Section D: 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name and title of Authorized Institutional Representative

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
EIN of Subrecipient's Organization/Institution

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address