

**SUBRECIPIENT COMMITMENT FORM (Non-FDP Institutions)**

<b>For UM Principal Investigator (PI) (or delegate) only – Complete the following information. Forward all documents to ORSP with the transmittal.</b>
Name of UM PI: _____ Transmittal (TSS) Proposal # _____
Title of Proposal: _____
Name of Subrecipient: _____
Program Announcement/RFP URL: _____
Prime Sponsor: _____
Proposed Subrecipient Period of Performance: From _____ To _____

**Complete and submit this form with the proposal and transmittal to the Office of Research and Sponsored Programs.**

**Please have this form completed by your institution's research grant administrator. The form must be approved and signed by your organization's Authorized Organizational Representative (AOR). This is the individual who has the authority to legally bind your organization in grants administration matters.**

**Is your institution participating in the FDP Expanded Clearinghouse Pilot?**

**Yes** (Complete A-B and Approval sections only.)

**No** (Complete all sections.)

<b>SECTION A: Subrecipient Information – To be completed by the Subrecipient prior to the submission to ORSP.</b>
Subrecipient Legal Name: _____
Subrecipient PI Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Address where research will be performed: _____ City: _____ State: _____

<b>SECTION B: UM Proposal Information – To be completed by the Subrecipient prior to the submission to ORSP.</b>	
The following documents are included in our proposal submission and covered by the certifications below (check as applicable):	
<input type="checkbox"/>	<b>STATEMENT OF WORK</b> (required)
<input type="checkbox"/>	<b>BUDGET AND BUDGET JUSTIFICATION</b> (required) - Total Amount Requested _____
<input type="checkbox"/>	Cost Sharing - Total Amount Committed _____
<input type="checkbox"/>	Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format
<input type="checkbox"/>	Biosketches of all Key Personnel, in agency required format
<input type="checkbox"/>	Research Subject Compliance Information (check as applicable): Human Subjects: <b>Yes</b> <b>No</b> Approval Date: _____  <i>If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to UM's PI and UM's Office of Research and Sponsored Programs as soon as they become available.</i>  <i>If "Yes": Have all key personnel involved completed Human Subjects Training?</i> <b>Yes</b> <b>No</b>  Animal Subjects: <b>Yes</b> <b>No</b> Approval Date: _____  <i>If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to UM's PI and UM's Office of Research and Sponsored Programs as soon as it becomes available.</i>
<input type="checkbox"/>	Other: _____

**SECTION C: Certifications - To be completed by the Subrecipient prior to the submission to ORSP.****1. Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

Our federally negotiated F&A rates for this type of work. (Attach a copy of your F&A rate agreement or provide a link.)  
URL: \_\_\_\_\_

10% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only)

Other rates (Attach a description of the basis on which the rate has been calculated.)

Not applicable (Subrecipient is not requesting payment of F&A costs.)

**2. Fringe Benefit Rates** included in this proposal have been calculated based on (check as applicable):

Federally negotiated rates (Attach a copy of your organization's composite employee rate projections or your federally negotiated rate Agreement.) URL: \_\_\_\_\_

Other rates (attach a description of the basis on which the rates have been calculated)

**3. Conflict of Interest**

Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of its knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement and required by its conflict of interest policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by UM's Policy on Financial Disclosures, located online at <https://research.olemiss.edu/coi/disclosure>. Pursuant to the Policy, for projects funded by PHS agencies, Subrecipient "Investigators" must complete the required disclosures at the time of proposal submission and complete training prior to the expenditures of any funds under any resultant agreement. The UM Financial Disclosure Form is located online at [http://www.research.olemiss.edu/sites/default/files/SFI\\_Disclosure\\_FORM-FY12\\_0.doc](http://www.research.olemiss.edu/sites/default/files/SFI_Disclosure_FORM-FY12_0.doc).

**4. Debarment and Suspension**

<b>Yes</b>	<b>No</b>	Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guarantee loans and other debt as defined in OMB Circular A-129, "managing Federal credit programs"?
<b>Yes</b>	<b>No</b>	Is your PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
<b>Yes</b>	<b>No</b>	Is your organization presently indicted for, or otherwise criminally or civilly charged by, a government entity?
<b>Yes</b>	<b>No</b>	Has the organization, within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

**5. Fiscal Responsibility** (Check each box that applies):

The organization certifies that its financial system is in accordance with generally accepted accounting principles (GAAP) and:

has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;

maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;

complies with applicable laws and regulations;

can prepare appropriate financial statements, including the schedule of expenditures of federal awards; and

there are no outstanding audit findings that would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

**SECTION D: Entity Information - To be completed by the Subrecipient prior to the submission to ORSP.****1. Entity Type (check all that apply):**

Nonprofit Organization

For Profit Organization

Educational Institution

State Agency or Local Government

Federal Agency

Foreign Entity

Other \_\_\_\_\_

Corporation (State of \_\_\_\_\_)

Industry

Foundation

Small Business

Small Disadvantaged Business

Minority-Owned Business

Woman-Owned Business

Number of Employees (if For Profit Organization): \_\_\_\_\_

What is the Subrecipient's Date of Incorporation: \_\_\_\_\_

**2. Does Subrecipient have a Federal cognizant audit agency? Yes No**

If "Yes", provide name and telephone number of agency: \_\_\_\_\_

**3. Does Subrecipient currently have one or more Federal Awards? Yes No**

If "Yes", approximately how much Federal Funding was received in previous fiscal year? \_\_\_\_\_

**4. Is Subrecipient a non-profit entity that has received \$750,000 or more in federal funds for the previous fiscal year? Yes No****5. Is Subrecipient:****(a) A non-profit entity that has received less than \$750,000 in federal funds for the previous fiscal year? Yes No****(b) A For Profit entity? Yes No****6. Does Subrecipient consider its cost or pricing data proprietary? Yes No**

(If "Yes", budget should be marked "Proprietary".)

**7. Does Subrecipient budget include a profit or fee? Yes No**

(If "Yes", provide justification as to why reasonable. Profit is allowed under Non-Assistance Agreements only.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**8. Does Subrecipient certify that its procurement system allows for free and open competition, and eliminates or reduces conflict of interest in the procurement process? Yes No**

**SECTION E: Audit State - To be completed by the Subrecipient prior to the submission to ORSP.****1. Please check the applicable box and complete corresponding information.**

Subrecipient receives an annual audit in accordance with the Audit Requirements in Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (UG).

Most recent fiscal year completed: FY \_\_\_\_\_

Were any audit findings reported? (If yes, explain in Section F, Comments, below.)      **Yes**      **No**

Please attach a complete copy of your most recent UG audit report or provide the URL link to a complete copy.

URL: \_\_\_\_\_

Subrecipient DOES NOT receive an annual audit in accordance with the UG.

Subrecipient is a:      Non-profit entity (under federal funding threshold)  
Foreign Entity  
For Profit Entity  
Government Entity

Please complete an "Audit Certification and Financial Status Questionnaire." A limited scope audit may be required before a subaward will be issued.

**SECTION F: Comments**

**APPROVED FOR SUBRECIPIENT**

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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 Official

Legal Name of Subrecipient's Organization/Institution

Name and Title of Authorized Official

Address

Email

City, State, Zip

Phone

Subrecipient's Congressional District

Date

Federal Employer Identification Number (EIN)

DUNS or DUNS+4 number

9. Is Subrecipient registered in the Central Contractor Registry? **Yes** **No** (Subrecipients receiving \$25,000 or more must be registered.)

If "Yes", what is the expiration date? \_\_\_\_\_

10. Is Subrecipient owned or controlled by a parent entity? **Yes** **No**

If "Yes", please provide the following:

Parent Entity Legal Name: \_\_\_\_\_

Parent Entity Address, City, State, Zip: \_\_\_\_\_

Parent Entity Congressional District: \_\_\_\_\_

Parent Entity DUNS: \_\_\_\_\_

Parent Entity EIN: \_\_\_\_\_