

### SUBRECIPIENT COMMITMENT FORM

All subrecipients should submit this form prior to executing a contract with University of North Carolina at Chapel Hill (UNC-CH). It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized official to sign.

| SUBRECIPIENT'S LEGAL NAME:     | SUBRECIPIENT'S PI: |
|--------------------------------|--------------------|
| UNC-CH PI:                     | PRIME SPONSOR:     |
| SUBMITTED PROPOSAL TITLE:      |                    |
| 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 (check as applicable):

STATEMENT OF WORK (required)

BUDGET AND BUDGET JUSTIFICATION (required) Total Amount Requested

SUBRECIPIENT COMMITMENT FORM, completed and signed by subrecipient's authorized official (required)

Other:

Other:

#### **SECTION B – Special Review and Certifications**

| 1. Facilities and Administrative Rates have been calculated based on:  |
|--|
| Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.<br>(If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to UNC-CH before a subaward   |
| (i) this box is checked, a copy of your F&A rate agreement of a OKL tink to the agreement must be furnished to ONC-CH before a subdividual will be issued.)  |
| Other rates (Please specify the basis on which the rate has been calculated in Section D <i>Comments</i> below.)   |
| Not applicable (no indirect cost request for subrecipient)   |
| 2. Fringe-Benefit Rates have been calculated based on the following:   |
| <ul> <li>Rates consistent with or lower than our federally negotiated rates</li> <li>(If this box is checked, a copy of your FB rate agreement or a URL link to the agreement must be furnished to to UNC-CH before a subaward will be issued.)</li> <li>Based on actual rates</li> </ul>  |
| Other rates (Please specify the basis on which the rate has been calculated in Section D Comments below.)  |
| 3. Subrecipient Business Status:   |
| Large business Small Business Institution of Higher Education  |
| Alaska Native Corporation (ANC) (43USC1601) Historic Black College or University/Minority Institution  |
| If a small business, identify business classification (*certified by the Small Business Administration):   |
| Small Disadvantaged Business (SDB)*  |
| Women-owned small business (WOSB)  |
| Veteran-owned small business (VOSB)  |
| Service-disabled veteran-owned business (SDVOSB)   |
| HUBZone small business*  |
|  |
| 4. Cost Sharing yes no Amount:<br>Cost sharing amounts and justification must be included in the subrecipient's budget.  |
| REGULATORY APPROVALS (Questions 5-7)   |
| 5. Hum an Subjects 🗌 yes 🗌 no Determination of Exemption or IRB Approval Date: and IRB Number:   |
| (Note: Surveys, interviews, observations, or use of secondary data may be human subjects research. Contact your local IRB office for guidance.)  |
| <i>If "yes"</i> Copies of the determination of exemption or IRB approval must be provided before any subaward will be issued. If not attached here, obtain approval as required and forward these documents to UNC-CH's PI and to the Office of Sponsored Research as soon as they become available. Please indicate the UNC-CH PI's name and subaward number for reference, if available. |
| If "yes" and NIH funding is involved:  |
| Have all key personnel involved completed human subjects training?<br>Note: All key personnel engaged in human subjects research must take take NIH human subjects training or other human subjects research training ( <u>http://grants.nih.gov/grants/policy/hs_educ_faq.htm</u> ) as required by NIH.   |

Does your organization/institution have a Federalwide Assurance (FWA) Number?

yes no If "yes" provide number:



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| 6. Animal   | l Subjects   | 🗌 yes 🗌 no   | Approval date:   | 8  | and IACUC Number:   |  |  |
|---|--|--|--|--|---|--|--|
| these de  | ocuments to UI   | NC-CH's PI and to the UI   |  | ed Research, 104 /   | ed. If not attached here, obtain approval as required and forward<br>Airport Drive, Suite 2200 Chapel Hill, NC 27659 as soon as they<br>rence, if available.  |  |  |
| Does y  | our organizatio  | on/institution have a PHS  | Animal Welfare Assurance   | Number?  | yes no If "yes" provide number:   |  |  |
| 7. Conflic  | t of Interest (a   | applicable to NIH, NSF,  | or any other sponsor that  | has adopted the  | e federal financial disclosure requirements)  |  |  |
|   |  | because this project is no   | t being funded by NIH, NSI   | F, or any other spo  | ponsor that has adopted the federal financial disclosure  |  |  |
| requirements.  Subrecipient organization/institution hereby 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 Institution's knowledge (1) all financial disclosures have been made related to the activities that may be funded by or though 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 resulting agreement.  Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UNC-CH's policy. |  |  |  |  |   |  |  |
| 8. Debarm   | ent, Suspensio   | on, Proposed Debarmen  | t  |  |   |  |  |
|   | I or any other on the other of the other other of the other other other of the other o |  | cipating in this project deba  |  | or otherwise excluded from or ineligible for participation in federa D Comments below.)   |  |  |
|   |  | ifies they: (answer all qu   | <i>,</i>   |  |   |  |  |
|   | ure are i<br>ure are i   |  |  |  | eclared ineligible for award of federal contracts ged by a governmental entity  |  |  |
|   | have have  | e not within three (3)<br>fraud or crimina<br>contract or subce<br>embezzlement, t<br>property | years preceding this offer, b<br>l offense in connection with<br>ontract; violation of Federal<br>heft, forgery, bribery, falsif | een convicted of o<br>obtaining, attemp<br>or State antitrust<br>ication or destruct | For had a civil judgment rendered against them for commission of<br>apting to obtain, or performing a public (federal, state, or local)<br>t statutes relating to the submission of offers; or commission of<br>ction of records, making false statements or receiving stolen |  |  |
|   | have have  | e not within three $(3)$   | years preceding this offer, h  | ad one or more co  | contracts terminated for default by any federal agency  |  |  |
|   | Responsibility   |  |  |  |   |  |  |
|   |  | •  | em is in accordance with ge  | • •  | accounting principles and:<br>ed and the Federal programs under which they were received;   |  |  |
|   | -  |  |  | -  | e with applicable laws, regulations and the provision of contracts of   |  |  |
| _ 1   | grants;  |  | 0.0  | I I I  | Tr  |  |  |
| complies with applicable laws and regulations;  |  |  |  |  |   |  |  |
| <ul> <li>can prepare appropriate financial statements, including the schedule of expenditures of federal awards;</li> <li>there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most report that describes the finding and steps to be taken to correct the finding.</li> </ul>  |  |  |  |  |   |  |  |
|   |  |  |  |  |   |  |  |
| SECTI   | ON C - Ai  | ıdit Status  |  |  |   |  |  |
| Does the s  | ubrecipient rec  | eive an annual audit in a  | cordance with OMB Circul   | lar A-133?   | yes no  |  |  |
| If "yes":   | If "no"  | when is it expected to be  | ost recent fiscal year? Wh completed:  | at fiscal Year   | ? <b> yes no</b>  |  |  |
|   | 5  | it findings reported?<br>explain in Section D, Co  | mments, below  |  | yes no  |  |  |
| A complete copy of the subrecipient's most recent audit report, or the URL link to a complete copy, must be furnished to UNC-CH.  |  |  |  |  |   |  |  |
| If "no":  | Does the subr  | ecinient receive overall f   | ederal funding of at least \$5   | 00 000 per vear?   | yes □ no  |  |  |
| 1 no .  |  |  | Ion-profit entity (under fede  |  |   |  |  |

If a subrecipient does not receive an A-133 audit, UNC-CH may require a limited scope audit, before a subaward will be issued.

Γ

Foreign entity For-profit entity Government entity



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## SECTION D – Audit request and Comments

AUDIT REQUEST SHOULD BE SENT TO

#### **APPROVED FOR SUBRECIPIENT**

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)     |       | (Address)               |       |
|---|-------|-------------------------|-------|
| (Type or print name and title of Authorized Official) |       | (City, State, Zip)      |       |
| (Name of Subrecipient's Organization/Institution)     | (Phor | e)                      | (Fax) |
| (Federal Employer Identification Number (EIN))        |       | (DUNS or DUNS +4 number | )     |
| (Date)  |       | (Email)                 |       |
|   |       |                         |       |
|   |       |                         |       |