



FOR UNCW USE ONLY:	
UNCW Depart. _____	SPARC Reviewer: _____
UNCW PI: _____	Date: _____
Solicitation#: _____	

## SUBRECIPIENT COMMITMENT FORM

### SECTION A: SUBRECIPIENT PROPOSAL INFORMATION

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

Subrecipient's Principal Investigator: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_ Total Funds Requested: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

UNCW Period of Performance: \_\_\_\_\_

Proposed Period of Performance of Subrecipient (if different): \_\_\_\_\_

### SECTION B: SUBRECIPIENT ELIGIBILITY

*The University of North Carolina at Wilmington requires a Subrecipient Commitment Form to be completed at proposal stage for risk assessment purposes. This form will be considered valid for one year from the date of signature by your organization's Authorized Official. In the event of material changes related to the information and certification provided, The University of North Carolina at Wilmington Sponsored Programs and Research Compliance Office should be notified within 30 days by sending an email to [AOR@uncw.edu](mailto:AOR@uncw.edu).*

Please answer the following questions before completing the rest of the form. **If you answer "Yes" to either of these questions, The University of North Carolina at Wilmington cannot enter into a subaward with your organization. Please notify UNCW's Principal Investigator immediately.**

- Yes  No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?
- Yes  No Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Policy for Federal Credit Programs and Non-Tax Receivables"?

### SECTION C: AUDIT STATUS

- Yes  No Does your organization receive an annual audit? (If "NO" please indicate why)
  - My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
  - My organization is a for-profit entity. (You may be required to complete a Financial Questionnaire.)
  - My organization is a U.S. government entity

## SECTION D: CERTIFICATIONS

1. **Are Humans Subjects involved in this project?**  Yes  No
  - a. If "Yes": Copies of IRB approval and approved "Informed Consent" form must be provided before any subaward will be finalized. Please forward these documents to [subawards@uncw.edu](mailto:subawards@uncw.edu) as soon as they become available.
  - b. Subrecipient certifies that if human subjects are involved in this project, Subrecipient shall conduct the activities in accordance with the DHHS regulations codified as 45 CFR 46-Protection of Human Subjects.
2. **Are Animal Subjects involved in this project?**  Yes  No
  - a. If "Yes": Copies of IACUC approval must be provided before any subaward will be finalized. Please forward these documents to [subawards@uncw.edu](mailto:subawards@uncw.edu) as soon as they become available.
  - b. Subrecipient certifies that if animal subjects are involved in this project, Subrecipient shall conduct the activities in accordance with the NIH "Principles for Use of Animals", the Animal Welfare Act (7 U.S.C. 2131 et.seq.) and all other applicable Federal laws and policies. Practices for the procurement/housing/care of laboratory animals shall conform to the NIH Guide for the Care and Use of Laboratory Animals in Research and all USDA requirements.
3. **Are there any other "Restricted Research" activities being performed for this project? (Example: Biohazard, Radioactive Materials, Recombinant DNA, etc.)**  Yes  No
  - a. If "Yes": Copies of any applicable approvals must be provided before any subaward will be finalized. Please forward all applicable approvals directly to [subawards@uncw.edu](mailto:subawards@uncw.edu) as soon as they become available.
4. **My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project.**  Yes  No
  - a. If "No": Attach Explanation
5. **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. (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below)

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

Other rates (please attach a description of the basis on which the rate has been calculated)

Not applicable – Attach Explanation.
6. **Fringe Benefit Rates** included in this proposal have been calculated based on (check as applicable):

Our federally negotiated Fringe rates for this type of work. (If this box is checked, please attach a copy of your Fringe Rate Agreement or provide a URL link to the agreement below)

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

Other rates (please attach a description of the basis on which the rate has been calculated)

Not applicable – Attach Explanation.
7. **Responsible Conduct of Research (RCR) (for NSF-funded projects only):**

**Yes** **No** My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007

  - a. If "No": Attach Explanation
8. **Online Representations and Certifications Application via SAM (for federal applications only):**

Representations and Certifications Submitted via SAM. Date of Expiration: \_\_\_\_\_  
Not submitted (Attach explanation.)
9. **Financial Conflict of Interest (FCOI)**

Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the **Public Health Service (PHS)** provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94. All individuals responsible for the design, conduct or reporting of research for the proposal have made the required disclosures and received the required training. All required reports, training verifications, and disclosures have been made to the Subrecipient's institutional official in accordance with the subrecipient's policy.

Subrecipient has **not** implemented a written policy of financial conflict of interest compliant with PHS provisions of 42 CFR

Part 50, Subpart F and 45 CFR Part 94. A University of North Carolina at Wilmington **Supplemental Disclosure Form** has been completed and is attached for all individuals responsible for the design, conduct, or reporting of the research for the proposal, and required FCOI Citi trainings have been completed, or will be completed before any sub award is finalized. Subrecipient must return all applicable FCOI documentation to [coi@uncw.edu](mailto:coi@uncw.edu) before the subaward can be finalized.

Not applicable because this project is not being funded by a PHS funded agency, or other agency that has adopted PHS FCOI regulations.

**10. Federal Funding Accountability and Transparency Act (FFATA) (for federal applications only):**

- Yes  No During the previous fiscal year my organization received 80% or more of its annual gross revenues in federal awards AND \$25 million or more in annual gross revenues from federal awards.
- Yes  No My organization regularly reports information on the compensation of its senior executive in response to section 13(a) or 15(d) of the Security and Exchange Act of 1934 (15 U.S.C. 78m(a) or section 6104 of the Internal Revenue Service Code of 1986?

**11. Lobbying (for federal applications only):**

- Yes  No My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation)

**SECTION E: ADDITIONAL SUBRECIPIENT INFORMATION**

Subrecipient Address (Include Zip Code + 4 Digits): \_\_\_\_\_

\_\_\_\_\_

DUNS # \_\_\_\_\_ Congressional District: \_\_\_\_\_

Performance Site Address (Include Zip Code + 4 Digits) \_\_\_\_\_

\_\_\_\_\_

NAICS Code: \_\_\_\_\_ NCAGE (International Only): \_\_\_\_\_

Subrecipients EIN: \_\_\_\_\_ Unique Entity Identifier (UEI#): \_\_\_\_\_

Subrecipient Administrative Contact Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION F: PROPOSAL DOCUMENTS**

The following documents have been (or will be) included in our proposal submission and are covered by the certifications above (Check all that apply, documents with \* are required for proposal submitted to UNCW)

- Statement of Work:** (must describe the Subrecipient's specific role within the UNCW project)\*
- Budget\***
- Narrative Budget Justification\***
- Bio sketches of Key Personnel/Technical Representative**, in agency required format (if required by Prime Sponsor)
- Small/Small Disadvantaged Business Contracting Plan**, in agency required format (for federal subcontract budgets over \$750,000 only)
- Negotiated F&A Agreement\***
- Other:** \_\_\_\_\_

**[SIGNATURE PAGE TO FOLLOW]**

**SECTION G: SUBRECIPIENT AUTHORIZED REPRESENTATIVE APPROVAL**

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 concerning subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.

\_\_\_\_\_  
**Signature of Subrecipient’s Authorized Official  
(or Designee<sup>1</sup>)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name and Title of Authorized Official**

<sup>1</sup> *Subrecipient represents and certifies that its Designee has the authority to act on behalf of the Authorizing Official*