

SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to UCLA. 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: _____

UCLA's Principal Investigator: _____ Prime Sponsor: _____

UCLA's Proposal Title: _____

Subrecipient Total Funds Requested: _____ Performance Period Begin Date: _____ End Date: _____

Section A: Proposal Documents – ALSO SEE SECTION E (pg.5); Answer the questions and if categorized as a Subrecipient continue to fill out the rest of the form.

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)

SUBRECIPIENT COMMITMENT FORM (This form)

Section B: Certifications

1. **Facilities & Administrative Rates** included in this proposal have been calculated based on the following:
 Our federally recognized 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 UCLA Office of Contract & Grant Administration (OCGA).
 A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: _____ Base Type: _____
 Not applicable (No indirect costs are requested by Subrecipient).
2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:
 Rates are consistent with our Federally negotiated rates. If this box is checked, a copy of your Federal fringe benefit rate agreement *must* be furnished to UCLA OCGA.
 Other rates as specified in Section F: Comments (please specify the basis on which the rate has been calculated)
3. **Human Subjects** **YES** **NO**
 If **YES** copies of the following documentation must be provided before any subaward can be issued:
 - 1) IRB approval certification
 - 2) IRB approved project protocol
 - 3) Approved "Informed Consent" form
 - 4) Verification of IRB training
 - 5) Verification of FWA number and Expiration date
 Please forward these documents to UCLA's Principal Investigator as soon as they become available.
 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.
4. **Animal Subjects** **YES** **NO**
 If **YES**, a copy of the IACUC approval must be provided before any subaward will be issued. Please forward these documents to UCLA's Principal Investigator as soon as they become available.
 If **YES** and NIH funding is involved:
 Please provide your institution's PHS Assurance number. PHS Assurance No.: _____ Expiration Date: _____
 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.
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 UCLA's Principal Investigator as soon as they become available.

6. Dual Use Research of Concern (DURC) (Applicable to projects funded by PHS/NIH)

Not applicable.

Will this project use one or more of the following agents or toxins (Check all that apply)?

Marburg virus	Reconstructed 1918 Influenza virus	Avian influenza virus (highly pathogenic)
Variola minor virus	Variola major virus	Toxin-producing strains of Clostridium botulinum
Rinderpest virus	Yersinia pestis	Bacillus anthracis
Botulinum neurotoxin	Francisella tularensis	Foot-and-mouth disease virus
Burkholderia mallei	Burkholderia pseudomallei	Ebola virus

If at least one box is checked, a copy of your Institution's Review Entity determination as to whether the research qualifies as DURC must be provided. Once we receive it, and it is determined by PHS/NIH that the research is in fact DURC; a copy of the mitigation plan must be provided to UCLA before any subaward will be issued. Please forward these documents to UCLA's Principal Investigator as soon as they become available. For more information, please see NIH Guide notice NOT-OD-15-017.

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 UCLA's Principal Investigator as soon as they become available. 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** if **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 (NSF) Conflict of Interest

Applicable to NSF, including NSF flow-through or any other program *except PHS/NIH* requiring Federal Financial disclosure.

Not applicable because this project is not being funded by NSF or any other program requiring Federal Financial 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.

10. Public Health Service (PHS) Financial Conflict of Interest

Applicable to projects funded by PHS/NIH, or any other program requiring DHHS Financial Conflict of Interest (FCOI) disclosure.

Not applicable because this project is not being funded by PHS/NIH or any other program requiring DHHS FCOI.

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.

My organization **DOES NOT HAVE** a PHS compliant policy in place but will have one at the time of award.

(A sample FDP FCOI policy can be found at <https://thefdp.org/default/committees/research-compliance/conflict-of-interest/>).

List the names of individuals working on this project that is responsible for the design, conduct, or reporting of the research.

Each individual listed MUST fill out and attach the [PHS Financial Disclosure form](#).

11. National Science Foundation (NSF) Ethics in Research Training

Applicable to projects funded by NSF or any 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 NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

12. Public Health Service (PHS) 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. Certification of Debarment, Suspension, Proposed Debarment

Is the Subrecipient Entity, Subrecipient 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.

Subawards to any entity or individual include in the Federal Excluded Parties are prohibited.

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. Subrecipient is what type of entity? _____

Is the Subrecipient a for-profit entity? **YES NO**

If **YES**, UCLA PI should complete the [Fair and Reasonable Cost Analysis](#) and attach it to this form.

Section C: Audit Status

1. Does the subrecipient receive an annual audit in accordance with OMB Circular A-133/Uniform Guidance? YES NO

If **YES**,

- a) A complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to UCLA OCGA before a subaward will be issued.
- b) Has the audit been completed for the most recent fiscal year? **YES NO**
- c) Were there any audit findings reported? **YES NO**

If **YES**, UCLA requires that the entity complete the [Certificate of Compliance](#)

If **NO**, UCLA requires that the entity complete a [Financial Audit Management Questionnaire](#) and may require a limited-scope audit 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. Does the subrecipient currently have a Unique Entity Identifier (UEI), obtained through the System for Award Management (SAM)?
(www.sam.gov) **YES** **NO**

Subrecipient *must have* a Unique Entity Identifier (UEI) prior to issuance of a Subaward.

Organizations that do not have a Unique Entity Identifier can obtain one through SAM (www.sam.gov).

7. Is the Subrecipient's Principal Investigator and/or any other Investigator (key personnel) on the proposed subaward a UCLA student (undergraduate or graduate), postdoctoral scholar, or other trainee, or a faculty or staff employee? **YES** **NO**
If **YES**, please describe the relationship in Section F: Comments and notify the OCGA Subaward Team at OCGASubawards@research.ucla.edu.

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

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
- 6) 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

Project Description: In compliance with FFATA reporting obligations, please provide a succinct description of the overall purpose and expected outcomes. This information will be displayed on the <https://www.USAspending.gov> website and will be available to the general public.

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
Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the Federal program 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 UCLA Is responsible for adhering to applicable Federal program requirements specified in the Federal award There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions	Provides goods or services that are ancillary to the operation of the Federal program Provides the goods or services purchased with the Federal funds within normal business operations Provides similar goods or services to many different purchasers Is not subject to the compliance requirements of the Federal program as a result of the agreement with UCLA Normally operates in a competitive environment

YES **NO** My organization is properly categorized as a subrecipient as described above.

If "No," please contact the UCLA 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

Street Address

Typed Name of Subrecipient's Authorized Institutional Representative

City, State, Zip

Title of Subrecipient's Authorized Institutional Representative

Phone

Fax

Date

Email Address