

SUBRECIPIENT COMMITMENT FORM

To remain compliant with [2 CFR Part 200, Subpart D 200.330-332—Subrecipient Monitoring and Management](#) and comply with FFATA reporting requirements, all organizations are to complete this form/package when submitting a proposal to Pass-Through Entity as a subrecipient. All forms must be signed by an authorized organizational official and submitted to Pass-Through Entity's Administrative Contact ***a minimum of five (5) business days before the sponsor's deadline*** for inclusion as a subrecipient in the corresponding proposal.

***If your organization is a participant in the FDP Expanded Clearinghouse initiative, complete pages 2-3 only.
All others, complete pages 4-8.***

SUBRECIPIENT COMMITMENT FORM

(FDP Expanded Clearinghouse Initiative Participant)

1. PASS-THROUGH ENTITY (PTE) PROPOSAL INFORMATION

Congressional District Code: _____ Unique Entity Identifier (UEI): _____
CCR / SAM.gov Annual Re-Certification Date: _____ Admin. Contact / Email: _____
Authorized Official / Email: _____ PTE PI / Email: _____
Financial Contact / Email: _____
Prime Sponsor: _____
Program Announcement Weblink: _____
Project Title: _____
Proposal Due Date: _____ Period of Performance: _____

2. SUBRECIPIENT ORGANIZATIONAL INFORMATION

Subrecipient Principal Investigator: _____
Entity's Legal Name: _____
Street Address, City, State, Zip Code +4: _____

Is the Place of Performance the same address as the FDP Entity Profile? Yes No

If No, enter Place of Performance: _____
Street Address, City, State, Zip Code + 4: _____

Is the Performance Site's Congressional District different from the FDP Entity Profile?

If Yes, enter Congressional District Code: _____

Total Funds Requested: _____
Cost Share Contribution (If applicable): _____

3. SUBRECIPIENT REQUIRED DOCUMENTS

- | | |
|--|--|
| <input checked="" type="checkbox"/> Subrecipient Commitment Form (this form) | <input type="checkbox"/> Approved Cost Share Budget (if applicable) |
| <input checked="" type="checkbox"/> Statement of Work (SoW) | <input checked="" type="checkbox"/> Biosketches of all Key Personnel |
| <input checked="" type="checkbox"/> Budget (in agency-required format) | Other |
| <input checked="" type="checkbox"/> Budget Justification (in agency-required format) | |

4. CERTIFICATIONS

A. Will Human Subjects be involved in the subrecipient's portion of this project? Yes No

If Yes, have all required personnel completed Human Subjects Training and GCP* as applicable? Yes No

If Yes, is research exempt from IRB oversight? Yes No

If Yes and IRB is not required, select one:

PTE is acting as the sIRB Approval will be sought after Year 1 There is an sIRB designated

B. Will Human Subjects Data be exchanged? Yes No

If Yes: From Subrecipient to PTE From PTE to Subrecipient

If Yes, select data type to be shared:

C. Will Vertebrate Animals be involved in the subrecipient's portion of this project? Yes No

If Yes and IACUC is not required, select one:

Approval will be sought after Year 1 Reliance agreement for this project

D. Does the work include Human Stem Cells? Yes No

(IRB, IACUC, and IBC approvals will be required at the Just-in-Time stage and annually for subrecipient monitoring.)

E. Export Control: Will the project involve transfer of export-controlled data, technology, or equipment to a foreign national, either on the U.S. or abroad? Yes No

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER

F. Are the personnel handling your organization's administrative functions new to the role or have you substantially changed or implemented new systems recently? If so, please describe: Yes No

5. SUBRECIPIENT APPROVAL

THE SUBRECIPIENT CERTIFIES THAT IT IS IN COMPLIANCE WITH ALL RELEVANT RULES AND REGULATIONS RELATING TO THE CONDUCT OF THIS RESEARCH AND THAT THE INFORMATION, CERTIFICATIONS, AND REPRESENTATIONS LISTED IN THIS SUBRECIPIENT COMMITMENT FORM HAVE BEEN READ, SIGNED, AND MADE BY AN AUTHORIZED ORGANIZATIONAL OFFICIAL OF THE ORGANIZATION NAMED HEREIN. THE APPROPRIATE PROGRAMMATIC AND ADMINISTRATIVE PERSONNEL OF EACH ORGANIZATION INVOLVED IN THIS APPLICATION ARE AWARE OF THE AGENCY'S POLICIES IN REGARD TO SUBAWARDS/CONSORTIUMS AND ARE PREPARED TO ESTABLISH THE NECESSARY INTER-ORGANIZATIONAL AGREEMENT(S) CONSISTENT WITH THOSE POLICIES. ANY WORK BEGUN AND/OR EXPENSE INCURRED PRIOR TO EXECUTION OF A SUBAGREEMENT ARE AT THE SUBRECIPIENT'S OWN RISK.

Name of Authorized Official: _____
Title of Authorized Official: _____
Phone: _____
Email: _____
Date: _____

Signature of Subrecipient's Authorized Official

SUBRECIPIENT COMMITMENT FORM
(non-FDP Clearinghouse Initiative Participant)

1. PASS-THROUGH ENTITY (PTE) PROPOSAL INFORMATION

Legal Name:	
Address:	Choose an item.
Congressional District Code:	TX-001
CCR / SAM.gov Annual Re-Certification Date:	
Unique Entity Identifier (UEI):	
Authorized Official:	– Email:
Administrative Contact:	– Email:
Financial Contact:	– Email:
PTE Principal Investigator:	
Prime Sponsor:	
Program Announcement Weblink:	
Project Title:	
Proposal Due Date:	
Project Performance Period:	

2. SUBRECIPIENT ELIGIBILITY

- A. Is your organization, PI, other employee/students, or subrecipient principals participating in this project currently or ever been suspended or debarred by a federal or state agency in matters pertaining to PTE subagreements?
- Yes *If Yes, you do not need to complete the form. It will not be possible to establish a subaward. Please notify PTE Office of Sponsored Programs and your PI as soon as possible.*
- No
- B. Is your organization delinquent on repayment of any federal debt including direct and guaranteed loans and other debt?
- Yes *If Yes, please explain in detail in a separate document the nature of the delinquency and when debt indicator is anticipated to be removed.*
- No

3. SUBRECIPIENT ORGANIZATIONAL INFORMATION

Subrecipient Principal Investigator:	
Entity's Legal Name:	
Street Address:	
City, State, Zip Code + 4:	
Congressional District Code:	

Is the Place of Performance the same address as above? Yes No

If No, enter Place of Performance:

Street Address:	
City, State, Zip Code + 4:	

Is the Remittance Address the same address as the Legal Entity's address above? Yes No

If No, enter Remittance Address:

Street Address:

City, State, Zip Code + 4:

Congressional District Code:

CCR / SAM.gov Annual Re-Certification Date:

Unique Entity Identifier (UEI):

CAGE (Commercial and Government Entity) Code:

Institution Type (i.e., private, public, corporation, etc.):

Total Funds Requested:

Cost Share Contribution (If applicable):

Direct Deposit Information

Do you want to receive payments via direct deposit? Yes No

If Yes, you will be asked to complete a Vendor Direct Deposit Authorization Form if the project is awarded.

4. SUBRECIPIENT REQUIRED DOCUMENTS

- Subrecipient Commitment Form (this form) completed in its entirety and signed by an Authorized Official
- Statement of Work (SoW)
- Contacts Sheet (document will be provided separately)
- Budget (in agency-required format)
- Budget Justification (in agency-required format)
- Approved Cost Share Budget (if applicable)
- Biosketches of all Key Personnel (in agency-required format)
- F&A (IDC) Rate Agreement*
- Other

**If your organization does not have a federally negotiated F&A (IDC) Rate Agreement, the [2 CFR 200](#) 10% de minimis F&A (IDC) rate OR the sponsor-mandated F&A rate limitation/restriction, whichever is lower, must be used in your budget.*

5. CERTIFICATIONS AND ASSURANCES

ALL SECTIONS MUST BE COMPLETED

A. Is your organization subject to [2 CFR Part 200, Subpart F—Audit Requirements](#) (previously OMB A-133)?

Yes *Please provide a website link or copy of your most recent audit.*

Link:

No *Please provide written certification from a corporate officer stating that your most recent audit, by an independent auditor, identified no irregularities. Skip Question 5B.*

B. Results of latest audit

There were no material findings related to the most recent audit.

There were material findings related to the most recent audit (please explain in a separate document).

C. Does your organization adhere to the [Federal Cost Accounting Standards of FAR Part 30](#)?

Yes

No *If No, please provide detailed information about your accounting system in a separate document.*

- D. Does your organization have a financial management system that provides for the control and accountability of project funds, property, and other assets?**
- Yes
 No *If No, please provide detailed information about your financial management system including information from this question in a separate document.*
- E. Have there been any substantial changes to the organization's internal systems (i.e., financial, administrative, or otherwise)?**
- Yes *Please explain the change and impact:*
- No
- F. The Subrecipient Principal Investigator is a new investigator (i.e., within five (5) years of doctoral degree)?**
- Yes
 No
 Other *Please explain:*
- G. Check if your organization has formal, written policies that address the following:**
- Pay Rates and Benefits*
 Discrimination*
 Travel*
 Purchasing Procedures*
- *If you do not have a formal, written policy, in a separate document, please explain the reason you do not have one and provide your process.*
- H. Conflict of Interest (Applicable to NIH, NSF, and other sponsors that have adopted the federal financial disclosure requirements):**
- Organization 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—Promoting Objectivity in Research](#).
 Organization does not have an active and/or enforced conflict of interest policy and is opting to create and implement its own policy.
 Organization does not have an active and/or enforced conflict of interest policy and agrees to abide by PTE's policy.
- I. Has your organization received similar awards either directly from a federal funding agency or as a subrecipient?**
- Yes *Please explain:*
- No
- J. Human Subjects?**
- Yes *IRB approval will be required at the Just-in-Time stage and annually for subrecipient monitoring.*
 If Yes, have all required personnel completed Human Subjects Training and GCP* as applicable?
 Yes No
 If Yes, is research exempt from IRB oversight?
 Yes No
 If Yes and IRB is not required, select one: PTE is acting as the sIRB
 Approval will be sought after Year 1 There is an sIRB designated

No

K. Human Subjects Data Exchange?

Yes From Subrecipient to PTE From PTE to Subrecipient

Select data type to be shared:

If Other:

No

L. Vertebrate Animals?

Yes ***IACUC approval will be required at the Just-in-Time stage and annually for subrecipient monitoring.***

If Yes and IACUC is not required, select one:

Approval will be sought after Year 1 Reliance agreement for this project

No

M. Recombinant DNA?

Yes ***IBC approval will be required at the Just-in-Time stage and annually for subrecipient monitoring.***

No

N. Export Control: Will the project involve transfer of export-controlled data, technology, or equipment to a foreign national, either on the U.S. or abroad?

Yes

Organization certifies that it has an active and enforced export control policy that is consistent with [ITAR](#), [EAR](#), and [OFAC](#) Regulations.

Organization does not have an active and/or enforced export control policy and is opting to create and implement its own policy.

Organization does not have an active and/or enforced export control policy and agrees to abide by PTE's policy.

No

O. Effort Certification

Organization certifies, if applicable, that it has and maintains an Institutional Plan to meet the prime sponsor's requirements for Effort Certification and/or other allowable means to verify that payroll to any project team member is allowable, reasonable, and allocable toward the achievement of the proposed project objectives.

P. Responsible Conduct of Research

Organization certifies, if applicable, that it has and maintains an Institutional Plan to meet the prime sponsor's requirements for the Responsible Conduct of Research.

Not applicable because this project is not being funded by either NIH or NSF.

6. SUBRECIPIENT APPROVAL

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ANY WORK BEGUN AND/OR EXPENSE INCURRED PRIOR TO EXECUTION OF A SUBAGREEMENT ARE AT THE SUBRECIPIENT'S OWN RISK.

THIS IS NOT A BINDING SUBAGREEMENT. A SUBAGREEMENT WILL BE ISSUED AS A SEPARATE DOCUMENT AFTER THE PRIME AWARD IS ISSUED.

We accept electronic or physical signatures on this form and all official subaward documents. Your electronic signature is the legal equivalent of your physical signature on this form.

Name and Title of Authorized Official:

Email:

Phone:

Signature of Authorized Official:

Date:

I certify that the information provided on this form is, to the very best of my knowledge, true, correct, and complete.