



Subrecipient Commitment Form

SUBRECIPIENT INFORMATION

Subrecipient Legal Name: _____
Subrecipient PI: _____ Howard U PI: _____
Prime Sponsor: _____
Subrecipient Performance Period Begin: _____ End: _____ Total Funds Requested: _____
Subrecipient EIN: _____ Subrecipient DUNS: _____ Subrecipient UEI: _____

SECTION A – PROPOSAL DOCUMENTS

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)*
- ☐ **Executed Letter of Commitment from Institutional Authorized Official**
- ☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency required format *(required for proposals for federal contracts over \$700,000 per FAR clause 52.219-9)*
- ☐ Certification of Current Cost of Pricing Data *(required for proposals for all federal contracts over \$750,000 per FAR clause 52.215- 12)*

SECTION B – INSTITUTIONAL CERTIFICATIONS

1. **Facilities and Administrative Rates** included in this proposal 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. *(If this box is checked, a copy of your F&A rate agreement must be furnished to HU via hard copy, website, or email before a subaward will be issued.)*
- ☐ Other rates *(please specify the basis on which the rate has been calculated in Section D Comments below)*
- ☐ Not applicable *(no indirect cost request for subrecipient)*

2. **Fringe Benefit Rates** included in this proposal have been calculated based on:

- ☐ Rates consistent with or lower than our federally-negotiated rates *(if this box is checked, a copy of your Fringe Benefit rate agreement must be furnished to HU before a subaward will be issued)*
- ☐ Other rates *(please specify the basis on which the rate has been calculated in Section D Comments below)*

3. **Single Audit Status** [2 CFR 200.501 - Audit Requirements](#)

- ☐ Subrecipient DOES receive an annual audit in accordance with 2 CFR 200 – Uniform Guidance.

Most recent fiscal year completed:

☐ Yes ☐ No Were there any audit findings reported? *(If "Yes", explain below)*

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Note: A complete copy of subrecipient's most recent audit report or the Internet URL link to a complete copy, must be furnished to HU before a subaward will be issued.

URL: _____

- ☐ Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR 200 – Uniform Guidance.

Subrecipient is a:

- ☐ Non-profit entity (under federal funding threshold)
☐ Foreign entity
☐ For-profit entity
☐ Government entity

Note: If a subrecipient does not receive a Single Audit, HU may require the entity to complete Financial Questionnaire and may require a limited scope audit, before a subaward will be issued.

4. Certification Regarding Debarment and Suspension

Is the entity, PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities?

- ☐ Yes ☐ No (If "yes", explain in Section D, Comments, below.)

Is the entity registered in the System for Award Management (SAM)?

- ☐ Yes ☐ No

Subawards to any entity or individual included in the Federal excluded parties are prohibited. All subrecipients are required to be registered in SAM prior to entering into an agreement with HU. [Follow this link to begin SAM registration.](#)

5. Certification Regarding Drug-Free Workplace Requirements Grantees Other Than Individuals

By signing and/or submitting this application or agreement, the Subawardee certifies that it is in compliance with the regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulation, published in the January 31, 1989 Federal Register, require certification by subawardees that they will maintain a drug-free workplace.

SECTION C – PROJECT RELATED CERTIFICATIONS

6. ☐ Yes ☐ No **Human Participants included?**

(If "Yes": Documentation of IRB approval must be provided before any subaward will be issued. Please forward this to HU's PI as soon as available.)

- ☐ Yes ☐ No **If "Yes" and NIH funding is involved: Have all key personnel fulfilled the NIH human subjects protections education requirement?**
(http://grants.nih.gov/grants/policy/hs_educ_faq.htm)?

7. ☐ Yes ☐ No **Animal Care or Use included?**

(If "Yes": A copy of the IBC approval must be provided before any subaward will be issued. Please forward this document to HU's PI as soon as it becomes available.)

8. ☐ Yes ☐ No **Infectious Agents or Recombinant or Synthetic Nucleic Acid Molecules included?**

(If "Yes": A copy of the IBC approval must be provided before any subaward will be issued. Please forward this document to HU's PI as soon as it becomes available.)

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9. Training and oversight in the Responsible Conduct of Research (For NSF and USDA-NIFA awards only)

NSF Requirement: <http://www.nsf.gov/bfa/dias/policy/rcr.jsp>

☐ Yes

☐ No

NSF: The project involves undergraduates, graduate students, and/or postdoctoral researchers being paid to conduct research.

USDA NIFA Requirement: http://www.nsf.gov/pubs/policydocs/rtr/agencyspecifics/nifa_213.pdf

☐ Yes

☐ No

USDA NIFA: The project involves program directors, faculty, undergraduate students, graduate students, postdoctoral researchers, and/or staff being paid to conduct research.

If yes, the Subrecipient institution certifies it has a program in place that fulfills the NSF or USDA NIFA RCR training and oversight requirement.

10. Financial Conflict of Interest in Research (FCOIR)

Prime Sponsor is Not a Public Health Service (PHS) Agency:

☐

We have an active and fully enforced FCOIR policy, under which (1) all required financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with our FCOIR policy prior to our expenditure of any funds under any resultant agreement.

☐

We do not have an active and/or enforced FCOIR policy and hereby agree to abide by HU's policy (<https://www.usnh.edu/policy/unh/viii-research-policies/e-financial-conflict-interest-research>) and related procedures (<https://www.unh.edu/research/conflicts-interest-commitment>).

Prime Sponsor is a Public Health Service (PHS) Agency (or follows PHS FCOIR policy)

☐

We have an active written and fully enforced FCOIR policy that complies with the PHS regulations (at 42 C.F.R. Part 50, Subpart F and 45 C.F.R. Part 94). We certify that we will:

- Promote and enforce investigator compliance with the PHS regulations, including those pertaining to required disclosure of significant financial interests (SFIs);
- Manage any financial conflicts of interest (FCOIs) and provide initial and ongoing reports as detailed in the PHS regulations, as well as in the subaward agreement; and
- Make FCOI and SFI information promptly available to the University of New Hampshire upon request.

OR ☐

We do not have an active and/or enforced FCOIR policy that complies with PHS regulations, and hereby agree to abide by HU's policy on FCOIR for PHS Funded Projects (<https://www.usnh.edu/policy/unh/viii-research-policies/t-financial-conflict-interest-research-phs-funded-projects>) and related procedures (<https://www.unh.edu/research/conflicts-interest-commitment>).

For either option checked above:

We certify that we have complied with the above-referenced FCOIR policy at the time of proposal submission, and that all identified "significant financial interests" and/or "financial conflicts of interest" have been disclosed and managed/reported in accordance with that policy. We agree to provide any and all required information to HU as specified in the resultant agreement, federal regulations, or HU policy, as applicable.



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11. ☐ Yes ☐ No **Cost Sharing/Matching/In-Kind** **Amount: \$**

(Cost sharing, Matching, and/or In-Kind amounts and justification should be included in the subrecipient's budget)

12. **Principal Place of Performance**

Street: _____ **Town/City:** _____

Zip+4: _____ **Congressional District:** _____

SECTION D – COMMENTS

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 Authorized Official

Date

Type or print name and title of Authorized Official

Date

Email: _____