UMass | Dartmouth
Office of Research & Innovation
285 Old Westport Road - Dartmouth, MA 02747

SUB-RECIPIENT COMMITMENT FORM (SRCF)

Clear Form

SECTION 1 – Pass-Through Entity (PTE) PROPOSAL INFORMATION

Principal Investigator (PI)	PI Department	
Prime Sponsor	☐ NIH Prime ☐ NSF Prime	☐ Other Federal Sponsor ☐ Non-Federal Sponsor
Proposal Title		

SECTION 2 – SUBAWARD PROPOSAL INFORMATION

Subrecipient Legal Name (must match UEI provided):				
Employer Identification Number (EIN)		SAM.gov Unique Entity Identifier (UEI)	Other Identifier	
Legal Address				
City	State	Country	ZIP + 4	Congressional District

Performance Site: ☐ Same as legal address above
☐ Other address

SECTION 3 – SUBAWARD Contact Information

Subrecipient Principal Investigator	Financial Contact (Institutional Level):	Authorized Signatory – Awards (Institutional):
Title:	Title:	Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:

SECTION 4 – SUBAWARD Budget Information

Performance Period (Months)	Performance Start	Performance End
Direct Costs	Indirect Costs	Total Costs $ 0.00
F&A Rate Type	F&A Rate % 0.00%	F&A Base
Cost Share Amount	Cost Share % 0.00%	☐ Cost Share Not applicable

Facilities & Administrative Rates

☐ Rates are consistent with our federally negotiated rates. See link below: ☐ 15% De minimis MTDC rate (permitted for institutions without a federally negotiated indirect cost rate agreement) ☐ A reduced F&A rate dictated by the prime sponsor's published guidance	☐ Indirect costs are not separately requested as costs are fully burdened. Provide documentation of approval (e.g. GSA rates or other published organizational document) ☐ Other rates (include explanation in Comments or link below)

Fringe Benefit Rates

☐ Rates are consistent with our federally negotiated rates. See link below:	☐ Fringe Benefits are not separately requested as costs are fully burdened. ☐ Other rates (include explanation in Comments or link below)

SECTION 5 – SUBAWARD PROPOSAL DOCUMENT CHECKLIST

The following documents are included in our sub award proposal submission and covered by the certifications below:

☐ STATEMENT OF WORK
☐ BUDGET
☐ BUDGET JUSTIFICATION
☐ BIOSKETCHES FOR ALL KEY PERSONNEL
☐ LETTER OF COMMITMENT/COLLABORATION
☐ Official Rate Documents (e.g. NICRA)
☐ OTHER:

Section 6 – SUBAWARD Proposal Compliance Information

Necessary compliance approvals including IRB and/or IACUC will be required before a subaward can be issued.

☐ YES ☐ NO Human Subjects	☐ Human Subjects Approval Pending ☐ IRB Approval Date ☐ Exemption Determination Date	Federal-wide Assurance Number (FWA) #
☐ YES ☐ NO Animal Subjects	☐ IACUC Approval Pending ☐ IACUC approval date: IACUC number:	
☐ YES ☐ NO Export Control	Will any equipment, technology or information, subject to U.S. Export laws, be shared with a 'foreign person' or shipped/delivered to a foreign country?	

Section 7 - CONFLICTS OF INTEREST AND RESEARCH ETHICS

A. Conflict of Interest (COI) Policy Certifications

☐ **Not applicable.** The proposal is not being submitted to any of the sponsors listed below.

☐ **1.** The Subrecipient Organization certifies that it **has** a COI policy consistent with the corresponding sponsoring agency and that it is active, enforced and publicly available online. Check all that apply.

- ☐ **PHS** and other federal and non-federal entities that have adopted their FCOI policy (see list here), 42 CFR Part 50 Subpart F, Promoting Objectivity in Research
- ☐ **DOE** (Department of Energy), DOE Interim COI policy
- ☐ **NASA,** COI Policy for Recipients of NASA Financial Assistance Awards
- ☐ **NSF,** NSF Recipient Standards, Chapter IX:A. This applies to organizations with 50 or more employees.

List URL(s) for corresponding subrecipient COI policies (required)

☐ **2.** Subrecipient certifies that it currently **does not have** an active and/or enforced conflict of interest policy corresponding to the proposed sponsor, and subrecipient agrees to develop and implement an appropriate COI policy prior to award and provide the corresponding URL upon request to UMass. Should assistance with creating this policy be required, contact

7B. FCOI Disclosure and Training certifications (*required only if 8A is answered 1 or 2 above*)

☐ As a non-federal entity the Subrecipient certifies that it will disclose in writing any potential conflict of interest to the pass-through entity in accordance with applicable federal awarding agency policy. (2CFR 200.112).

☐ Subrecipient certifies that in cases where an **FCOI training** requirement applies (PHS and DOE policies), it will be completed by each investigator prior to engaging in any research related to the award.

8C. Responsible Conduct in Research Training (NSF, USDA-NIFA, NIH)

☐ Not Applicable. The proposal is not being submitted to one of these sponsors.

☐ The Subrecipient certifies that RCR/RECR training will be completed by project personnel as defined in the corresponding sponsor's policy prior to the expenditure of funding. More information can be found here.

Section 8 - INSTITUTIONAL INFORMATION

Institution Type		**Experience Level**
☐ Educational ☐ HBCU ☐ Large Business ☐ SBA-certified Small Business or as defined in 13 CFR 124.1002 ☐ Small Disadvantaged Business ☐ Non-profit ☐ Non-U.S. Based		**How experienced is your institution with managing federal funding** (Federal Assistance Awards, Cooperative Agreements, Contracts, and/or Grants)? ☐ First time as a subrecipient organization ☐ Less than 1 year experience ☐ 1-4 years experience ☐ 5-9 years experience ☐ 10+ years experience
☐ YES ☐ NO	Subrecipient has active registration in SAM.gov	SAM.gov Expiration Date
☐ YES ☐ NO	Member of Federal Demonstration Project Clearinghouse	☐ FDP Member information attached ☐ FDP URL

If Subrecipient is a member of FDP, sections 10-12 are not required.

Section 9 - DEBARMENT OR SUSPENSION HISTORY

☐ YES ☐ NO	Is the Principal Investigator (or any other employee/student/affiliate planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
☐ YES ☐ NO	Is your organization presently indicted, under investigation, or otherwise criminally charged by a governmental entity?
☐ YES ☐ NO	Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in 2 CFR Part 200?
☐ YES ☐ NO	Has your organization within 3 years preceding this offer, had any contracts terminated for cause by any federal agency?

*For any 'Yes' answer above, please provide an explanation in the **Comments** section below.*

Section 10 - AUDIT STATUS

FY End date: ☐	Most recent fiscal year completed:
☐ YES ☐ NO	Was the Subrecipient required to conduct an annual audit in accordance with the Single Audit Act or Uniform Guidance 2 CRF §200.501 for the most recent Audit year?
If **YES**,	☐ We have attached a complete copy of Subrecipient's most recent Single Audit report (including independent auditor's letters) OR ☐ We have provided a link to a complete copy below:
If **NO**, indicate why not:	☐ The organization is a non-profit that expended less than $1,000,000 in U.S. federal funds during its previous fiscal year. ☐ The organization is a for-profit entity. ☐ The organization is a non-US-based entity that expended less than $1,000,000 in US federal funds during its previous fiscal year.* **Note: Effective 10/1/2024, foreign organizations that expend US federal funds are no longer exempt from the Single Audit Act. Depending on the specific agency's expenditure threshold, a single audit could be required at lower limits.*

☐ YES ☐ NO	Does the Subrecipient have annual financial statements reviewed or audited by an independent audit firm?
If **YES**,	☐ We have attached a complete copy of Subrecipient's most recent financial report (including independent auditor's letters) OR ☐ We have provided a link to a complete copy:
If **NO**, indicate why not:	
☐ YES ☐ NO	Were any **audit findings** reported in the most recent Single Audit or annual financial report? If YES, explain in **Comments** section below.

Section 11 - FISCAL RESPONSIBILITY

The Subrecipient certifies that:

☐ YES ☐ NO	its financial system is in accordance with generally accepted accounting principles
☐ YES ☐ NO	its financial system has the capability to identify, in its accounts, all federal awards received and expended, and the federal programs under which they were received
☐ YES ☐ NO	it maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations and the provision of contracts, grants, and agreements.
☐ YES ☐ NO	it and its financial system comply with applicable laws and regulations.
☐ YES ☐ NO	it can prepare appropriate financial statements, including the schedule of expenditures of federal awards.
☐ YES ☐ NO	it maintains an inventory

What procedures does the subrecipient use to identify and account for equipment purchased with federal grant funds?
Attach a document or provide a URL:

Section 12 - APPROVED FOR SUBRECIPIENT

The information, certifications and representations contained herein 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 sub awards and are prepared to enter into a sub award agreement consistent with those policies and the applicable flow-down requirements of the Prime Award, and to comply with all applicable federal laws and regulations. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project. If this proposal is in response to a federal opportunity, the requirements of Federal Executive Order 140421 Covid-19 Workplace Safety Guidance may be applicable in a resultant award agreement. Those requirements would flow to any subrecipient involved in the project. Any terms or rates included in the proposal described herein are not binding upon the Pass-Though Entity. All terms and conditions between the parties will be outlined in a separate formal Agreement.

Subrecipient Authorized Institutional Representative

_____	_____
Name and Title	Signature/Date
_____	_____
Email Address	Phone/Fax

Comments