

University of Louisville Research Foundation, Inc.

SUBRECIPIENT COMMITMENT FORM

All subrecipients are required to complete the Subrecipient Commitment Form and provide the signature of the authorized organizational representative, prior to submission of proposal.

SECTION A – CONTACT INFORMATION

Subrecipient Legal Name: _____
Address: _____
City _____ State _____ Zip _____
Phone: _____ Email: _____
Subrecipient PI Name: _____
Address where research will be performed _____
City _____ State _____ Zip _____
Proposal Title: _____
Performance Period Begin Date: _____ End Date: _____
Subrecipient Funds Requested: _____ Subrecipient Congressional District _____
Subrecipient DUNS Number _____ Subrecipient EIN _____
Is Subrecipient currently registered in the System for Award Management (SAM) _____
U of L's PI Name: _____
Prime Sponsor: _____

SECTION B – REQUIRED PROPOSAL DOCUMENTS

Statement of Work
Budget and Budget Justification in agency required format
 Cost Reimbursable Fixed Price

SECTION C – CERTIFICATIONS

- Facilities and Administrative (F&A) costs included in this proposal have been calculated based on the following:
 Subrecipient's federally negotiated F&A rate for this type of work
(If this box is checked please attach a copy of your current rate agreement or a URL link to the agreement)
 Other rates
(Please specify the basis on which the F&A rate has been calculated in Section E Comments below)
 Not applicable
(No F&A costs are requested by subrecipient)
- Human Subjects Yes No

If **Yes**, please provide Institutional Assurance Number (FWA number) _____
- Animal Subjects Yes No

If **Yes**, please provide IACUC Assurance Number _____
- Cost-sharing Yes No Amount: \$ _____

(Cost-sharing amounts and justification should be included in the subrecipient's budget)

5. Conflict of Interest

Please check the appropriate response below

- Not applicable because the project is not being funded by a sponsor that has adopted the federal financial disclosure requirements (AHA, etc.)
- Subrecipient Organization certifies that it has an active and enforced conflict of interest policy at least as rigorous as 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures will be made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy, and (2) all identified financial conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement and within a manner sufficient to enable timely FCOI reporting.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to follow UofL's policy. (UofL's policy can be found at <http://www.louisville.edu/conflictinterest>)

By signing below, Subrecipient certifies that the required training related to Conflict of Interest will be completed by all key personnel prior to engaging in any research related to any federally funded award. For those following UofL's policy, the training may be accessed by contacting coioff@louisville.edu.

6. Debarment and Suspension

Has the institution/organization, or any principal investigator or other person proposed to provide services for the proposed project ever been or is currently excluded, suspended, debarred, or otherwise deemed ineligible to participate in governmental healthcare, procurement, or other programs?

- Yes No **If yes, please explain in the Comments section below**

SECTION D – AUDIT STATUS

7. Subrecipient is required to have an annual audit in accordance with OMB Circular A-133 or 2CFR200 as applicable.

Most recent fiscal year completed FY _____

- Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133 or 2CFR200 as applicable.

Subrecipient is a :

- Non-profit entity (under federal funding threshold)
 Foreign entity
 For profit entity
 Government entity
 Other Explain: _____

SECTION E – COMMENTS

APPROVED BY SUBRECIPIENT

The information, certifications and representations above have been read and approved 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 these policies. **Any work begun and/or expenses incurred prior to full execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official _____
Date

Name and Title of Authorized Official

Address

City State Zip

Phone Fax Email Address