

Subrecipient Name:

SUBRECIPIENT COMMITMENT FORM

to the University of Delaware (UD). It provides	a checklist of documents and certifications required by sponsors, as
well as an area for the authorized official to sign SUBRECIPIENT'S LEGAL NAME:	
UNIV. OF DELAWARE'S PI:	
SUBMITTED PROPOSAL TITLE:	
	YEAR FOUNDED:
SECTION A - Proposal Documents	
-	proposal submission and covered by the certifications below (check as applicable):
STATEMENT OF WORK (required)	
BUDGET AND BUDGET JUSTIFICATION (req	uired) Total Amount Requested pleted and signed by subrecipient's authorized official (required)
Biosketches and Other Support of all Key Personnel,	
Blosketenes and Other Support of an Key Personner,	, in agency-required format
Other:	
Other:	
SECTION B – Special Review and Cer	tifications
SECTION B Special Review and Cer	theutons
1. Facilities and Administrative Rates included in this	
<u> </u>	the of work, or a reduced F&A rate that we hereby agree to accept. The agreement or a URL link to the agreement must be furnished to University of Delaware before a subawara and agreement or a URL link to the agreement must be furnished to University of Delaware before a subawara and agreement or a URL link to the agreement must be furnished to University of Delaware before a subawara.
Other rates (Please specify the basis on which t Not applicable (no indirect cost request for sub	the rate has been calculated in Section D <i>Comments</i> below.) precipient)
2. Fringe-Benefit Rates included in this proposal have be	been calculated based on the following:
 □ Rates consistent with or lower than our federall (If this box is checked, a copy of your FB rate of will be issued.) □ Based on actual rates 	ly negotiated rates agreement or a URL link to the agreement must be furnished to to University of Delaware before a subawar
<u> </u>	the arte has been calculated in Castian D. Community balance)
Other rates (Please specify the basis on which t	the rate has been calculated in Section D <i>Comments</i> below.)
3. Subrecipient Business Status:	
Large business Small Business	☐ Institution of Higher Education ☐ Other
Alaska Native Corporation (ANC) (43USC1601)	Historic Black College or University/Minority Institution
If a small business, identify business classification (*c	
☐ Small Disadvantaged Business (SDB)*	Small Minority Business (SMB)*
☐ Women-owned small business (WOSB) ☐ Veteran-owned small business (VOSB)	
Service-disabled veteran-owned business (SDV	/OSB)
HUBZone small business*	
4. Cost Sharing yes no Amount: Cost sharing amounts and justification must be included.	led in the subrecipient's budget.
REGULATORY APPROVALS (Questions 5-7)	
(Note: Surveys, interviews, observations, or use of sec	ermination of Exemption or IRB Approval Date: and IRB Number: condary data may be human subjects research. Contact your local IRB office for guidance.)
as required and forward these documents to UD's PI a Please indicate the UD's PI's name and subaward num	IRB approval must be provided before any subaward will be issued. If not attached here, obtain approval and to the University of Delaware's Research Office as soon as they become available. The approval is a subaware and the provided before any subaward will be issued. If not attached here, obtain approval approval is a subaward with the provided before any subaward will be issued. If not attached here, obtain approval approval is a subaward will be issued. If not attached here, obtain approval approval is a subaward will be issued. If not attached here, obtain approval is a subaward will be issued. If not attached here, obtain approval is a subaward will be issued. If not attached here, obtain approval is a subaward will be issued. If not attached here, obtain approval is a subaward will be issued.
	s research must take take NIH human subjects training or other human subjects research training
(http://grants.nih.gov/grants/policy/hs_educ_faq.ht Does your organization/institution have a Federalwide	
Does your organization/institution have a redefailwide	e Assurance (FWA) Number?

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o. Anima	n Subjects	<u></u> уе	s 🔲 no	Approva	n date:		and l	IACUC	Number:			
these d	locuments to indicate the U	UD's PI ar JD's PI's 1	nd to the UI name and su	nust be provided o's Research Offi baward number ubaward work ar	ce, 210 Hullil for reference,	hen Hall, Newa if available. In	ark, DE 19° accordance	716 as so ce with U	oon as the JD, UD's	y become ava IACUC		and forward
Does y	our organiza	tion/institu	ition have a	PHS Animal W	elfare Assurar	nce Number?	yes	no	If "yes"	provide num	ber:	
7. Confli	ct of Interest	t										
_	of 42 CFR Pa certifies that, resulting agre	art 50, Sub to the bes eement, an	part F, "Pro t of Institut d required l		ity in Researc (1) all financi interest policy	ch," and 45 CFI ial disclosures l y; and (2) all id	R Part 94, have been entified co	"Respons made rel inflicts of	sible Prosp ated to the f interest b	pective Contre e activities the nave or will h	ractors." Subrec at may be funde have been satisfa	ipient also ed by or through a actorily managed,
				ve and/or enforce earchers/policies-			and hereby	agrees t	o abide by	UD's policy	, available at	
8. Debar	ment, Susper	nsion. Pro	nosed Deb	arment								
Is the l		er employe	e or student	participating in		ebarred, suspen 'explain in Sec				om or ineligi	ible for participa	ation in federal
	are arrare arrare have have	e not e not ave not	presently of presently is within three fraud or cr contract or embezzlen property	all questions bellebarred, suspend ndicted for, or of the (3) years precediminal offense in subcontract; vicionent, theft, forger	led, proposed herwise crimi ding this offe connection w lation of Fede y, bribery, fal	nally or civilly or, been convicted with obtaining, a cral or State ant disification or de	charged by ed of or ha attempting itrust statu estruction of	y a gover d a civil to obtain tes relati	judgment n, or perfo ing to the s, making	entity rendered aga orming a publ submission o false stateme	ainst them for co lic (federal, state of offers; or com ents or receiving	e, or local) mission of stolen
	have ha	ive not	within thre	e (3) years prece	ding this offe	r, had one or m	ore contra	cts termi	nated for	default by an	y federal agency	7
The or	has the capab maintains into grants; complies with can prepare a there are no c	rtifies that bility to ide ernal contr h applicabl ppropriate butstanding	entify, in its rols to assurte le laws and financial standard audit findi	I system is in acc accounts, all Fed e that it is manage regulations; tatements, includ- ings which would rrect the finding.	leral awards r ging Federal a ing the sched	eceived and expands in complete of expendite	pended and liance with ures of fed	d the Fed applical	leral progr ble laws, r	rams under w regulations ar	nd the provision	of contracts or
SECT	ION C - A	Audit S	tatus									
Does the	subrecipient i	receive an	annual audi	t in accordance	with 2 CFR 20	00.501?		ves	no			
If "yes":	Has the aud If "no Were any a	lit been con "when is udit findin	mpleted for it expected gs reported	the most recent to be completed	fiscal year?		ar?	yes	no no			
If "no":		brecipient	•	ditures in federa Non-profit e Foreign enti For-profit er Government	ntity (under for y tity			yes	no			



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SECTION D – Audit request and Comments AUDIT REQUEST SHOULD BE SENT TO 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's Authorized Official) (Address) (Type or print name and title of Authorized Official) (City, State, Zip) (Name of Subrecipient's Organization/Institution) (Phone) (Fax) (Federal Employer Identification Number (EIN)) Unique Entity ID Number-UEI (Email) (Date) (Date) (Signature of Principal Investigator)