Subrecipient Commitment Form

To be completed by institution issuing the subaward:		
PI Name	PI Department	
Prime Sponsor	Performance Start	Performance End
Proposal Title		

Institution

To be completed by the subrecipient organization (Sponsored Program/Business Office):

Institution's Legal Name

Address	City	State	ZIP + 4
EIN	DUNS	Congressional District	Institution Type

Registered in SAM? ☐ Yes ☐ No   Check if Institution is: ☐ less than or equal to 5 yrs. old ☐ HUB-Zone or small disadvantaged business

Sponsored Program Administrative Name	Title
Sponsored Program Administrative e-mail	Sponsored Program Administrative Phone

Performance Site Address

Address same as above? ☐ Yes ☐ No *If no, provide performance site address below.*

Address	City	State
ZIP + 4	DUNS	Congressional District

Subrecipient PI

Subrecipient PI Name	Department	Phone
E-mail	eRA Commons user name *NIH proposals only.*	

Subrecipient Budget Request

Total $	Direct $	F&A Rate (%)	F&A Amount ($)	Cost-sharing $ *Must be in budget & budget justification.*

Participant Support $: ☐ Yes ☐ No   Program Income: ☐ Yes ☐ No   Clinical Trial: ☐ Yes ☐ No

Compliance Information

Human Subjects: ☐ Yes ☐ No	Vertebrate Animals: ☐ Yes ☐ No	Export Control: Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws?
Institutional Assurance No. _____	Animal Welfare Assurance No. _____	
Approval Pending? ☐ Yes ☐ No	Approval Pending? ☐ Yes ☐ No	
Approval Date *if approved* _____	Approval Date *if approved* _____	☐ Yes ☐ No ☐ Unknown at this time

Financial Conflict of Interest (FCOI) Compliance Statement

Applicable PHS, NIH, NSF, DHHS, or any other program requiring federal financial disclosure (check one).

☐ Subrecipient 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, "Responsibility of Applicants Promoting Objectivity in Research."

☐ Subrecipient does not have a compliant conflict of interest policy but will develop one prior to issuance of a subaward. A model policy is available at the Federal Demonstration Partnership web site.

☐ Subrecipient does not have a compliant conflict of interest policy and agrees to be bound by the conflict of interest policy of the issuing institution. (University of Kentucky - Prior OSPA Approval)

☐ Not applicable - Project is not being funded by PHS, NIH, NSF, DHHS, or any other program requiring **conflict of interest** financial disclosure.

Responsible Conduct of Research (RCR)

Only check if appropriate.

☐ Not applicable because this proposal is not being funded by NSF or NIFA.

☐ If NSF, subrecipient institution certifies that it maintains an institutional plan which is compliant with NSF's Responsible Conduct of Research (PCR) requirement.

☐ If NIFA, subrecipient institution certifies that it will comply with the "Responsible and Ethical Conduct of Research" requirements of the NIFA Agency-Specific Terms and Conditions.

Checklist of Proposal Documents Required

☐ Statement of Work

☐ Budget and budget justification

☐ This form signed by subrecipient's Authorized Official

☐ IRB and/or IACUC (if applicable)

☐ F&A rate agreement or link

☐ Financial Audit or link

☐ Other

Subrecipient Approvals

With signature that follows, the Authorized Official certifies the information on this form is true and correct. Further, the appropriate programmatic and administrative personnel involved in this application are aware of sponsoring agency policy in regard to subawards and are prepared to establish an inter-institutional agreement 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.

_____ _____
Authorized Official Name   Signature of Authorized Official

_____ _____
Title   Date Signed

FOR UNIVERSITY OF KENTUCKY USE ONLY - OSPA review completed by:

CGO	Subaward Administrator	Date