

Subrecipient Commitment Form



Office of Sponsored Projects Administration
109 Kinkead Hall, Lexington KY40506-0057
Phone: (859) 257-9420 Fax: (859) 323-1060

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check if Institution is: <input type="checkbox"/> less than or equal to 5 yrs. old <input type="checkbox"/> 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 <i>NIH proposals only.</i>	

Subrecipient Budget Request

Total \$	Direct \$	F&ARate (%)	F&A Amount (\$)	Cost-sharing \$ <i>Must be in budget & budget justification.</i>
Participant Support \$: <input type="checkbox"/> Yes <input type="checkbox"/> No		Program Income: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Compliance Information

Human Subjects: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vertebrate Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Export Control: Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time
Institutional Assurance No. _____	Animal Welfare Assurance No. _____	
Approval Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approval Date <i>if approved</i> _____	Approval Date <i>if approved</i> _____	

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

- | | |
|---|---|
| <input type="checkbox"/> Statement of Work | <input type="checkbox"/> IRB and/or IACUC (if applicable) |
| <input type="checkbox"/> Budget and budget justification | <input type="checkbox"/> F&A rate agreement or link |
| <input type="checkbox"/> This form signed by subrecipient's Authorized Official | <input type="checkbox"/> Financial Audit or link |
| | <input type="checkbox"/> 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