SUBRECIPIENT COMMITMENT FORM

This form must be completed prior to the issuance of an initial subaward/subcontract.

WHEN COMPLETED AT PROPOSAL PHASE: The attached proposal, which includes (i) a detailed description of the work to be performed, (ii) a corresponding budget and budget justification for each budget and (iii) confirmation of the proportionate share of mandatory cost sharing commitment, if applicable, is hereby submitted to UC Davis. We agree to work diligently with the UC Davis with the aim of entering into an agreement that includes the appropriate flow down terms and conditions of the Prime Award as well as additional institutional terms and conditions which are acceptable to both parties. Additionally, we agree to provide, at such time, any additional certifications and/or information required to ensure the University of California's compliance with various Federal reporting and monitoring of our agreement.

Legal Name:

Address:

Performance Site (if different):

Address:

Fiscal Year Ends (Month/Year):

Duns Number:

EIN Number:

PI:

Project ID:

Congressional District:

Country:

9-digit zip code:

Section A – Certifications (check all that apply)

1. **Our institution/entity type is:** ☐ Non-Profit ☐ For Profit ☐ Educational ☐ State/Local Govt.

2. **The Facilities and Administrative (F&A) Rates & Benefit Rates** for our entity are calculated based on:

   ☐ Our Federally Negotiated Rate of % and can be found at:

   ☐ No Federally Negotiated Rate is in effect or we hereby agree to accept a reduction in our approved rates. The approved rate is %. The basis on which the proposed rate was calculated is:

   _____

**** Note: It is understood that F&A rates must meet the reasonableness standards of federal policy prior to execution of the agreement.***

3. **Public Health Service (PHS) Financial Conflict of Interest (COI):**

   ☐ Not Applicable- this project is not funded by a PHS entity: http://research.ucdavis.edu/gt/d/coi-list-of-covered-entities-for-phs-coi-rule.

   ☐ Our organization certifies that we have a PHS compliant Financial Conflict of Interest Policy in place and that each investigator listed in the proposal, or who is expected to work on this project, has completed the required disclosures and PHS FCOI Training (42 C.F.R. Part 50, Subpart F and 45 C.F.R. Part 94).

   ☐ Our organization does not have a compliant COI policy and therefore will abide by UC Davis' Public Health Services Regulations on Objectivity in Research Policy #230-07, http://manuals.ucdavis.edu/PPM/230/230-07.pdf. "Investigators" are defined by PHS to include principal investigators and any other individual who, regardless of title or position, has responsibility for the design, conduct, or reporting of such covered research. Each "investigator" has completed (and attached hereto) the PHS financial disclosure form http://research.ucdavis.edu/pgc/d/spo/PHS%20Financial%20Disclosure%20Form%20no%20PHS%20COI%20Policy. Further, **each investigator has also completed the required training** located at http://research.ucdavis.edu/f/d/phs-coi-training-slides.

4. **National Science Foundation (NSF) Financial Conflict of Interest (COI):**

   ☐ Not Applicable- this project is not funded by a NSF entity: http://research.ucdavis.edu/gt/d/list-of-sponsors-for-form-800.

   ☐ Our organization certifies that we have a NSF compliant Financial Conflict of Interest Policy in place (NSF Proposal & Award Policies & Procedures Guide, Part II, Award & Administration Guide Section IV.A).

   ☐ Our organization does not have a compliant Financial COI policy and therefore will abide by UC Davis' Individual Conflicts of Interest Involving Research Policy #230-05: http://manuals.ucdavis.edu/PPM/230/230-05.pdf. Each "investigator" listed on the proposal has completed (and has attached hereto) the NSF financial disclosure from http://research.ucdavis.edu/f/d/Form%20800-No%20PHS%20-rev%2007- 24-2013.pdf.

By signing below, I, the Authorized Organizational Representative certify that the information submitted on this form and in the attached is true, complete and accurate to the best of my knowledge. I have identified all individuals who are considered "investigators" for the proposal and our organization is in compliance with the applicable Conflict of Interest Policy as elected above and all required supplemental forms are attached.

_____

Authorized Organizational Representative

Date:

Name:

Title: