

**SUBRECIPIENT COMMITMENT FORM**

(To be completed by Subrecipient at time of proposal)

Subrecipient Name:

Subrecipient Principal Investigator:

Subrecipient Proposal Title:

Subrecipient Performance Period: Begin Date:

End Date:

Prime Sponsor:

UCD Principal Investigator:

UCD Proposal Title:

**Section A – Proposal Documents**

The following documents are included in our subaward proposal submission and covered by the certifications below:

- ☐ Statement of Work (required)
- ☐ Budget and budget Justification (if NIH, sponsor Budget and Checklist required)
- ☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required form, if applicable
- ☐ Other:

**Section B – Certifications (check all that apply to this particular project)****1. Facilities and administrative rates included in this proposal have been calculated based on the following:**

- ☐ Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.
- ☐ Other rates (Please specify the basis on which the rate has been calculated in Section D Comments below.)
- ☐ Not applicable (No indirect cost are requested by subrecipient)

**2. Fringe Benefit Rates included in this proposal have been calculated based on the following:**

- ☐ Rates consistent with or lower than our federally negotiated rates.
- ☐ Other Rates (Please specify the basis on which the rate has been calculated in Section D Comments below.)

**3. Human subjects** ☐ Yes ☐ No

Subrecipient certifies that if human subjects are involved in *this project*, subrecipient shall conduct the activities in accordance with the Department of Health and Human Services regulations codified at 45 CFR 46 - Protection of Human Subjects and obtain institutional review board approval of the planned involvement of human subjects in the project. Upon the request of UC Davis, Subrecipient shall provide certification of the review and date of approval by the Subrecipient's institutional review board. Subcontractor shall ensure that all personnel participating in the Project complete the National Institutes of Health education requirement on the protection of human subjects, addressed in NIH Notice OD-00-039.

**4. Animal Subjects** ☐ Yes ☐ No

Subrecipient certifies that if animal subjects are involved in *this project*, subrecipient shall conduct the activities in accordance with the National Institutes of Health (NIH) "Principles for Use of Animals", the [Animal Welfare Act \(7 U.S.C. 2131 et. seq.\)](#) and all other applicable Federal laws, guidelines, and policies. Practices for the procurement, housing and care of laboratory animals shall conform to the NIH *Guide for the Care and Use of Laboratory Animals in Research* and all requirements and all regulations issued by the United States Department of Agriculture (USDA). Upon the request of UC Davis, Subrecipient shall provide certification of the review and date of approval by the Subrecipient's IACUC committee.

**5. Cost -sharing** ☐ Yes ☐ No Dollar Amount:

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

**6. Stem Cells** ☐ Yes ☐ No

Subrecipient certifies that if stem cells are involved in *this project*, subrecipient shall conduct the activities in accordance with the National Institutes of Health guidelines for research using stem cells and the Department of Health and Human Services regulations for Protection of Human Subjects, 45 C.F.R. 46, Subpart A. Institutional approval will be provided upon the request of UC Davis.

**7. Anatomical Specimens** ☐ Yes ☐ No

Subrecipient certifies that if anatomical specimens are involved in *this project*, subrecipient shall conduct the activities in accordance with all laws and regulations. Institutional approval will be provided upon the request of UC Davis.

**8. Debarment and Suspension**

Is the PI or any other employee or student participating in *this project* debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

☐ Yes ☐ No If yes, please explain in Section D below.

The Subrecipient certifies they: (answer all questions below)

☐ are ☐ are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts

☐ are ☐ are not presently indicted for, or otherwise criminally or civilly charged by a government entity  
☐ have ☐ have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract of subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property

☐ have ☐ have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

**9. Public Health Service (PHS) Conflict of Interest (FCOI)**, (Please select one of the boxes below if funding originates from one of these entities: <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 has completed the required PHS FCOI Training, (42 C.F.R. Part 50, Subpart F and 45 C.F.R. Part 94).

☐ Our organization will abide by UC Davis's Individual Conflicts of Interest Involving Research Policy #230-05: <http://manuals.ucdavis.edu/PPM/contents.htm#230>; in which case we will provide UC Davis with completed form "PHS Financial Disclosure Form for Investigators from subrecipient entities that do not have a PHS-compliant conflict of interest policy in effect at time of PHS award application."

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**Section C - Federal Funding Accountability and Transparency Act (FFATA)**  
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**1. Primary place of performance (City, State, Congressional District, Nine-Digit Zip Code and Country):**

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**Section D – Comments (please attach additional pages if necessary)**  
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**Signed and certified on behalf of the Organization Listed above:**

\_\_\_\_\_  
Authorized Organizational Representative

\_\_\_\_\_  
Date

Name:

Title:

Phone:

E-Mail: