

MULTIPLE CAMPUS (MCA) COMMITMENT FORM

All UC campuses participating in another UC prime campus' award should submit this form when submitting a proposal to UC Prime Campus. It provides a checklist of required documents and certifications.

Prime Campus PI: Prime Sponsor:				Prime Sponsor:				
Project T	itle:							
Participa	ting Campus:							
Participa	ting Campus PI:							
Participa	ting Campus Department:							
Participa	ting Campus' Total Funds Ro	equested:						
Participating Campus' Performance Period Begin Date:				End Date:				
SECTION	N A – Proposal Docum	nents (check all	that	apply)				
The follo	wing documents are include	ed in our subaward p	oropos	al submission and covered by the certifications below:				
	STATEMENT OF WORK (required)							
	BUDGET AND BUDGET JUSTIFICATION (required)							
	OTHER (specify):							
SECTION	NB - Certifications (cl	heck or insert al	ll tha	t apply)				
1.	Facilities and administra	tive rate and base	applie	d in this proposal is %	based on the following			
	Federally negotiated F	&A rates for this typ	oe of w	vork.				
	Other (specify):							
2.	Human Subjects	Yes 🗌	No					
3.	Animal Subjects	Yes 🗌	No					
4.	Stem Cells	Yes	No					
5.	Recombinant DNA	Yes 🗌	No					
6.	Cost Sharing	Yes 🗌	No					
	Cost sharing amounts and justification must be included in the Participating Campus budget. Please be advised that an							
	annual verification of cost share commitment will be required							

UNIVERSITY OF CALIFORNIA

APPROVED FOR PARTICIPATING CAMPUS:

The information, certifications, and representations above have been read, signed, and made by an authorized official named herein. Participating campus is responsible for following all applicable UC and sponsor policies. Participating campus is prepared to accept any resultant MCA in accordance with UC Policy.

Any work begun and/or expenses incurred prior to receipt of a MCA agreement are at the Participating Campus' own risk.

(Signature of Participa	ating Campus Authorized Official)		
(Type or print name	and title of Authorized Official)	(Address)	
(Date)		(City, State, Zip)	
(Email)		(Phone)	
 DUNS number	Congressional District	Campus EIN	(Award Inbox Email)