

**SUBRECIPIENT COMMITMENT FORM****SECTION A: UNC Charlotte Proposal Information**

Name of UNC Charlotte PI: \_\_\_\_\_ UNC Charlotte Department: \_\_\_\_\_

Sponsor: \_\_\_\_\_

UNC Charlotte Proposal Title: \_\_\_\_\_

Period of Performance: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proposed Period of Performance of Subrecipient (if different): From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION B: Subrecipient Eligibility**

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with UNC Charlotte must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and UNC Charlotte. This form will be considered valid for one year from the date of signature by your organization's Authorized Official.

Please answer the following questions **BEFORE** completing the rest of the form.

- Yes**  **No** Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?
- Yes**  **No** Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

**If you answered "Yes" to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the UNCC Principal Investigator (PI) as soon as possible.**

**SECTION C: Subrecipient Requirements and Responsibilities**

UNC Charlotte views a subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of UNC Charlotte subrecipients are different from that of a vendor/supplier. The following chart outlines the differences:

Subrecipient	Contractor
(a) Subrecipient's PI (named in Section D below) will take a significant role in programmatic decision making and assist the University PI in achieving the project's goals and objectives.	(a) Provides routine goods and/or services to other customers or clients and/or
(b) Subrecipient will be subject to all of the compliance requirements from the prime award that are pertinent to the subrecipient, e.g., effort reporting on federal awards.	(b) Provides goods or services developed according to the specifications of the University PI and/or
(c) Subrecipient will be expected to provide a complete copy of the subrecipient's most recent audit report, or the URL link to a complete copy, before a subagreement can be established.	(c) Provides personnel services that are primarily advisory in nature and/or
	(d) Provides other ancillary services related to the sponsored project per the instructions of the University PI.

- Yes**  **No** My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

**If "No," please contact the UNC Charlotte PI about procuring your organization's products and services as a supplier/vendor.**

**SUBRECIPIENT COMMITMENT FORM****SECTION D: Subrecipient Information**

Legal Name: _____	DUNS #: _____ (Dun & Bradstreet)
Organization's Address: Include ZIP Code +4 or other postal code:	Congressional District: _____ (if in U.S.)
Performance Site Address (if different from above): Include ZIP Code +4 or other postal code:	Congressional District: _____ (if in U.S.)
Domestic Organizations: Federal Employer Identification Number (EIN): _____ Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: ___/___/___ CAGE Code: _____ UEI: _____ (Commercial and Government Entity)	International Organizations: NAIS Code: _____ (North American Industry Classification System) (NCAGE) Code: _____

**Executive Compensation (complete when collaborating on a U.S. federal project only):**

- Yes  No During the previous fiscal year my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards.
- Yes  No My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986?

Name of Subrecipient's Project Director/PI (Required): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Funding Requested by Subrecipient: \$ \_\_\_\_\_

Cost Sharing Provided by Subrecipient (if applicable): \$ \_\_\_\_\_

Are All Members of the Project Team U.S. Citizens? Yes No

**SECTION E: Proposal Documents**

The following documents are included in our proposal submission and covered by the certifications below. (Check those that apply.)

- STATEMENT OF WORK** (must describe the subrecipient's specific role within the UNCC project) (required in all proposals)
- BUDGET** (required in all proposals)
- NARRATIVE BUDGET JUSTIFICATION** (required in all proposals)
- BIOSKETCHES OF KEY PERSONNEL, in agency-required format (if required by agency)
- SMALL/SMALL DISADVANTAGED BUSINESS SUBCONTRACTING PLAN, in agency-required format  
(for federal subcontract budgets over \$650,000 only)
- OTHER: \_\_\_\_\_

**SUBRECIPIENT COMMITMENT FORM****SECTION F: Certifications****1. Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

- Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below.)  
URL: \_\_\_\_\_
- Other rates (please attach a description of the basis on which the rate has been calculated)
- Not applicable—subrecipient is not requesting payment of F&A costs  
10% de minimus rate

**2. Fringe Benefit Rates** included in this proposal have been calculated based on (check as applicable):

- Rates consistent with or lower than our federally negotiated rates  
(If this box is checked, please attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a URL link to this information.)  
URL: \_\_\_\_\_
- Other rates (please attach a description of the basis on which the rates have been calculated)

**3. Research Subject Compliance Information** (check as applicable):

- Yes**  **No** Human Subjects will be involved in the subrecipient's portion of this project  
If "Yes," please provide your organization's OHRP approved FWA #: \_\_\_\_\_  
(If your organization does not have an FWA #, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the protection of human subjects.)
- Yes**  **No** Animal Subjects will be involved in subrecipient's portion of this project  
(If "Yes," provide a copy of IACUC approval to the UNC Charlotte PI as soon as it is available. IACUC approval is required before a subagreement will be issued.)

**4. Responsible Conduct of Research (RCR) (for NSF-funded projects only):**

- Yes**  **No** My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.
- Yes**  **No** My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

**5. Lobbying (for U.S. federal projects only):**

- Yes**  **No** My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation.)

**6. Conflict of Interest (applicable only to PHS, NSF, or other sponsors that have adopted the federal financial disclosure requirements)** (check as applicable):

- Subrecipient Organization/Institution 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 for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by UNC Charlotte's policy, located at <http://legal.uncc.edu/policies/up-101.24>

**SUBRECIPIENT COMMITMENT FORM****7. Additional Debarment and Suspension Information** (check as applicable):

- Yes**  **No** Is the PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? (If "Yes," attach explanation.)
- Yes**  **No** Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If "Yes," attach explanation.)
- Yes**  **No** Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? (If "Yes," attach explanation.)

**8. Audit Status / Fiscal Responsibility:**

- Yes**  **No** Does your organization receive an annual audit in accordance with 2 CFR Part 200 Subpart F?

If "Yes," respond to the following:

Please note: Your most recent audit report will be requested prior to the establishment of a subagreement.

- Yes**  **No** Has your organization's audit been completed for the most recent year? **No**
- Yes**  **Were there any findings or exceptions noted? If "Yes" attach an explanation.**

If "No," please indicate why your organization is not subject to 2 CFR Part 200 Subpart F audit requirements:

- My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
- My organization is a foreign entity.
- My organization is a for-profit entity.
- My organization is a U.S. government entity.

When applying for funds from agencies under the U.S. Department of Health and Human Services, foreign organizations and for-profits that have expended a total of \$750,000 or more under one or more awards from the U.S. Department of Health and Human Services (as a direct grantee and/or under a consortium participant) will be required to have a financial-related audit of all HHS awards as defined in, and in accordance with, the Government Auditing Standards or an audit that meets the requirements of 2 CFR Part 200 Subpart F.

**9. For-Profit Organizations (only):**

- Yes**  **No** Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes": Subrecipient represents that it is a (check as applicable):

- Small/Small disadvantaged business as certified by the Small Business Administration
- Women-owned small business concern
- Veteran-owned small business concern
- Service-disabled veteran-owned small business concern
- HUBZone small business concern
- Other: \_\_\_\_\_

**SUBRECIPIENT COMMITMENT FORM****SECTION G: Authorized Representative Approval****APPROVED FOR SUBRECIPIENT**

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements 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. No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

<p>Signature of Subrecipient's Authorized Official _____</p> <p>Date: _____</p> <p>Name and Title of Authorized Official: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>	<p><b>If Subrecipient is owned or controlled by a parent entity, please provide the following information:</b></p> <p>Parent Entity Legal Name: _____</p> <p>Parent Entity Address, City, State, ZIP+4: _____</p> <p>Parent Entity Congressional District: _____</p> <p>Parent Entity DUNS: _____</p> <p>Parent Entity EIN: _____</p>
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**For Internal Use Only**

Proposal Deadline: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Award # (when received): \_\_\_\_\_