



UCCS Internal Use Only

Proposal Deadline: _____

Date of Receipt: _____

Approved as subrecipient? _____

SUBRECIPIENT COMMITMENT FORM

SECTION A: Proposal Information

Subrecipient Name:

UCCS Principal Investigator:

Proposal Title:

Prime Sponsor:

Performance Period Begin Date:

End Date:

SECTION B: Subrecipient Requirements & Responsibilities

Dear Potential Subrecipient,

Any organization planning to enter into a collaborative subrecipient relationship with the University of Colorado Colorado Springs (UCCS) must complete this form at the proposal stage. Federal government rules require that UCCS determine if your organization's role in the above-mentioned project will be that of a true subrecipient (as opposed to a "contractor"). The table below illustrates the differences between these two roles. Please review the table and select all that apply to your organization to help determine if a formal subrecipient partnership can be established between your organization and UCCS.

	Subrecipients	Contractors
<i>Work Performed</i>	<p>Performs a portion of the scope of work/objectives of the program.</p> <p>Collaborates in the project design/proposal development.</p> <p>Has responsibility for programmatic decision making.</p> <p>Performs analysis or evaluation or exercise discretionary judgment</p> <p>Work performed supports the overall public purpose of the project, as opposed to providing goods or services for the benefit of the prime awardee.</p> <p>Provides scope of work and budget as part of the proposal preparation.</p> <p>Completes work promised and analyzes results found.</p>	<p>Does not participate/collaborate in project design/proposal development.</p> <p>Performs services only such as lab testing, report printing.</p> <p>Services are part of the contractor's regular business operations and are available to many different purchasers/customers at standard/fixed rates.</p> <p>Services are more routine in nature.</p>

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<i>Personnel</i>	<p>Investigator is identified.</p> <p>Qualifications of investigator (vitae), pending & current support, etc. are included in the proposal and considered during the peer evaluation.</p> <p>Change in personnel may require prior approval.</p>	Person conducting work is not identified.
<i>Technology Transfer</i>	Potential for patentable or copyrightable technology to be created through project; entity has right to protect technology	No potential for patentable or copyrightable technology to be created through project
<i>Publications</i>	<p>Publication of results expected; investigator to author or be co-author.</p> <p>Presentations/dissemination, such as professional conferences.</p>	<p>No publications.</p> <p>May include university on list of "customers"</p>
<i>Cost Sharing</i>	May be providing cost sharing or matching funds	<p>Fixed price by project/task.</p> <p>No cost sharing or matching funds involved.</p>
<i>Compliance</i>	<p>Flow-down of prime sponsor terms and conditions, human subjects review, etc.</p> <p>Depending on type of agreement, financial monitoring/restrictions/audit provisions</p>	

Yes No My organization is properly categorized as a subrecipient.

**If "No" or unsure, please contact the UCCS Principal Investigator
BEFORE completing the remainder of the form**

SECTION C: Subrecipient Information
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Subrecipient Legal Name:

Subrecipient Name as appears on DUNS:

Subrecipient DBA Name:

Year established:

Subrecipient's Principal Investigator:

Subrecipient Address:

Subrecipient Congressional District:

Subrecipient Commitment Form

Performance Site Address:

Performance Site Congressional District:

UEI Number:

DUNS Number:

Federal Employer Identification Number (EIN):

Registered in System for Award Management (SAM)? Yes No Expiration Date:

**If 'No', the subrecipient will need to be registered before a subaward will be issued.*

North American Industry Classification System (NAICS) Code:

Amount of Funding Requested by Subrecipient: \$

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

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

SECTION D: Proposal Documents - REQUIRED

The following documents are required. Indicate they are attached by checking each box.

Statement of Work

Budget & Budget Justification

Subrecipient Commitment Form, completed and signed by subrecipient's authorized official

Subrecipient Contacts Form

Letter of Commitment, signed by subrecipient's authorized official

W-9

Copy of, or URL to, most recent annual audit; URL:

Other:

SECTION E: Special Review and Certifications

1. **Facilities and Administrative (F&A) Rates** included in this proposal have been calculated based on:

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, a copy of your F&A rate agreement or a URL link to the agreement must be provided.)

Other rates (Please specify the basis on which the rate has been calculated in Section G *Comments* below.

Not applicable

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8. Debarment, Suspension, Proposed Debarment:

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? (If "yes," explain in Section G *Comments* below.)

Yes No

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 governmental 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 or 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. Fiscal Responsibility (Check each box that applies):

Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles (GAAP) and:

has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they were received;

maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations, and the provision of contracts or grants;

complies with applicable laws and regulations;

can prepare appropriate financial statements, including the schedule of expenditures of federal awards;

there are no outstanding audit findings that would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

10. Has Subrecipient had any changes in senior leadership in the past three (3) years?

Yes No

If yes, describe:

11. Annual federal grant/contract expenditures: \$

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12. Responsible Conduct of Research (RCR) [For NSF & PHS funded projects]:

Subrecipient certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under Section 7009 of the "America COMPETES ACT" PUBLIC LAW 110-69-August 9, 2007 and Public Health Service (PHS).

Subrecipient certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by the project will be trained on the oversight in the responsible and ethical conduct of research, as applicable.

13. Lobbying (for U.S. federal projects only):

Yes	No	Subrecipient certifies that it is in compliance with the requirements of Section 1352, Title 31, U.S. Code, that limits the use of appropriated funds to influence certain Federal contracting and financial transactions.
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SECTION F: Audit

1. Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133 and/or OMB 2 CFR Part 200? Yes No

If "Yes", has the audit been completed for the most recent fiscal year? Yes No (If "No", when is it) expected to be completed (MM/DD/YYYY)?

2. Were there any audit findings reported? Yes (If "Yes", explain in Section G) No

3. Subrecipient is a:

State-controlled Institution of Higher Education
Private Institution of Higher Education
For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate
For-profit entity that does not expend Federal funds or have annual audits
Foreign entity
Non-profit
Government entity

4. Subrecipient's fiscal year ends: (day) (month)

5. Subrecipient Cognizant Audit Agency Name, POC, address, and phone:

SECTION G: Comments

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SECTION H: Federal Funding Accountability and Transparency Act (FFATA)

Complete for federal funding only

Executive Compensation:

Provide the names and total executive compensation of the five (5) most highly compensated officers of the subrecipient entity if:

- a. The recipient in its preceding fiscal year received:
 - i. 80 percent or more of its annual gross revenues in Federal awards; AND
 - ii. \$25,000,000 or more in annual gross revenues from the Federal awards; AND
- b. The public does NOT have access to information about the compensation of the senior executives of the entity through periodic reports filed under sections 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 Service Code of 1986 [26 USC 6104]

If “**Yes**” to a & b: Attach list

If “**No**” to a & b: check this box

Note: “Total compensation” means the cash and noncash dollar value earned by the executive during the subrecipient’s past fiscal year of the following [for more information see 17 CFR 229.402 Ch. II].

1. Salary and Bonus
2. Award of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R.
3. Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.
4. Change in pension value. This is the change in the present value of the defined benefit and actuarial pension plans.
5. Above-market earnings of deferred compensation that are not tax-qualified
6. Other compensation. For example, severance, termination payments, the value of life insurance paid on behalf of the employee, perquisites of property if the values for the executive exceed \$10,000.

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SECTION I: 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 sub-awards 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>Name of Subrecipient's Authorized Official</p> <p>Title of Subrecipient's Authorized Official</p> <p>Phone</p> <p>Email</p> <p>Name of Subrecipient's Organization/Institution</p> <p>Fax</p> <p>Date</p>	<p>If a Subrecipient is owned or controlled by a parent entity, please provide the following information:</p> <p>Parent Entity Legal Name</p> <p>Parent Entity Address</p> <p>Parent Entity DUNS</p> <p>Parent Entity UEI</p> <p>Parent Entity Congressional District</p> <p>Parent Entity EIN</p>
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Subrecipient Commitment Form

Subrecipient Contacts

Administrative Contact

Name:

Title:

Address:

Address:

Address:

City: State: Zip:

Telephone:

Fax:

Email:

Principal Investigator

Name:

Title:

Address:

Address:

Address:

City: State: Zip:

Telephone:

Fax:

Email:

Financial Contact

Name:

Title:

Address:

Address:

Address:

City: State: Zip:

Telephone:

Fax:

Email:

Authorized Official

Name:

Title:

Address:

Address:

Address:

City: State: Zip:

Telephone:

Fax:

Email: