



## SUBRECIPIENT COMMITMENT FORM

**All proposed subrecipients are asked to complete this form when submitting a subaward proposal to the University of Texas at Arlington (UTA).**

SUBRECIPIENT'S LEGAL NAME \_\_\_\_\_ SUBRECIPIENT'S PI \_\_\_\_\_  
 UTA PI \_\_\_\_\_ PRIME SPONSOR \_\_\_\_\_  
 PROPOSAL TITLE \_\_\_\_\_  
 PERIOD OF PERFORMANCE DATES \_\_\_\_\_ YEAR INSTITUTION FOUNDED \_\_\_\_\_

### SECTION A - Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below (check as applicable):

- STATEMENT OF WORK**
- BUDGET AND BUDGET JUSTIFICATION** Total Amount Requested \_\_\_\_\_
- SUBRECIPIENT COMMITMENT FORM** completed and signed by subrecipient's authorized official

Biosketches and Other Support of all Key Personnel, in agency-required format (as required)  
 Other: \_\_\_\_\_

### SECTION B - Special Review and Certifications

- 1. Facilities and Administrative Rates** included in this proposal have been calculated based on:
- Our federally negotiated F&A rates for this type of work, or a sponsor limited F&A rate.  
(If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to UTA before a subaward will be issued.)
  - Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)
  - Not applicable (no indirect cost request for subrecipient)
  - 10% de minimis

- 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  
(If this box is checked, a copy of your FB rate agreement or a URL link to the agreement must be furnished to the UTA before a subaward will be issued.)
  - Based on actual rates
  - Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)

- 3. Cost Sharing Commitment**  yes  no Amount: \_\_\_\_\_  
 Cost sharing amounts and justification must be included in the subrecipient's budget.

- 4. Conflict of Interest:** (Please respond to each of the following federal agency requirements separately.)  
 NSF only (or other sponsors that have adopted the NSF financial disclosure requirements):
- Subrecipient certifies that it **does have** an active and enforced conflict of interest policy that is consistent with the National Science Foundation Investigator Disclosure Policy. Subrecipient also certifies that, to the best of its knowledge, all financial disclosures related to the activities that may be funded by or through a resulting agreement were made in accordance with its conflict of interest policy before its proposal was submitted to UTA.
  - Subrecipient certifies that it **does not currently** have an active and enforced conflict of interest policy consistent with the provisions of the National Science Foundation Investigator Disclosure Policy and that an NSF Financial Disclosure Form for each of the Subrecipient's investigators (as defined by applicable regulations) named in this proposal has been attached to this Subrecipient Commitment Form only for the purpose of submitting this proposal.
- PHS only (or other sponsors that have adopted the PHS financial disclosure requirements):
- Subrecipient certifies that it does have a PHS-compliant Financial Conflict of Interest (FCOI) policy and is registered as an organization with a PHS-compliant FCOI policy with the FDP FCOI Clearinghouse. Subrecipient certifies that it will rely on this policy to comply with PHS Conflict of Interest regulations, and that, to the best of its knowledge, all financial disclosures required by its conflict of interest policy and related to the activities that may be funded by or through a resulting agreement were made before its proposal was submitted to UTA.
  - Subrecipient does not currently have a PHS-compliant Financial Conflict of Interest (FCOI) policy elects to comply with UTA's COI Policy [http://www.uta.edu/research/administration/departments/rs/rs\\_documents/UTA%20Research%20COI%20Policy%20102012.docx](http://www.uta.edu/research/administration/departments/rs/rs_documents/UTA%20Research%20COI%20Policy%20102012.docx).

- 5. 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?  yes  no (If "yes," explain in Section D *Comments* below.)
- The Organization 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



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### SECTION C – Audit Status and Organizational Type

Does the subrecipient receive an annual audit in accordance with 2 CFR 200.514?  yes  no

If "No," please indicate why your organization is not subject to §200.514/A-133 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.

Note: Your organization will be required to confirm that it still is not subject to A-133/Uniform Guidance audit requirements and fill out a mini-audit questionnaire prior to the establishment of a subagreement.

If "Yes," respond to the following:

Has your organization's Uniform Guidance §200.514 (formerly A-133) audit been completed for the most recent fiscal year?  yes  no

Were there any findings or exceptions noted? If "Yes" attach an explanation.  yes  no

Subrecipient Business Status:

- Large business  Small Business  Institution of Higher Education  Other \_\_\_\_\_
- Alaska Native Corporation (ANC) (43USC1601)  Historic Black College or University/Minority Institution

If a small business, identify business classification (\*certified by the Small Business Administration):

- Small Disadvantaged Business (SOB)\*  Small Minority Business (SMB)\*
- Women-owned small business (WOSB)
- Veteran-owned small business (VOSB)
- Service-disabled veteran-owned business (SDVOSB)
- HUB Zone small business\*

### SECTION D - Comments

COMMENTS:

#### APPROVED FOR SUBRECIPIENT

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The appropriate programmatic and administrative personnel involved in this application are aware of prime agency policy in regard to subawards and are prepared to establish the necessary subaward consistent with those policies. The information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized official representative of the Subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that: (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization's own risk, and (b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Federal Employer Identification Number

\_\_\_\_\_  
DUNS or DUNS +4

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email