

Sponsored Programs Administration  
**SUBRECIPIENT COMMITMENT FORM**

Subrecipient Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

State Zip code +4 EIN DUNS #

1. Project Title: \_\_\_\_\_

2. UMB Principal Investigator  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

3. Subrecipient Principal Investigator  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

4. Subrecipient Administrative Contact  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

6 Proposed Project: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

7 Total Amount Requested: \$ \_\_\_\_\_

8 Cost Sharing/Matching/In-Kind including in the proposal (if applicable)  
Cost Sharing, matching, and/or in-kind commitments should be included in the subrecipient's budget and budget justification. Third-Party in-kind cost share should be supported by a letter of support signed by an authorized representative of the third party.

Yes Total Cost Share: \$ \_\_\_\_\_  
 N/A

9 Primary Funding Source (select one):  U.S. Federal  Other  
Prime Sponsor Name: \_\_\_\_\_

10 The following documents are included in our subaward proposal submission and attached and were prepared in compliance with the prime sponsor's solicitation guidance.

Statement of Work  Detailed Budget, **if required by sponsor**  
 Budget Justification  Approved F&A Rate  
 Other (please describe) \_\_\_\_\_

11 For the attached Statement of Work, please indicate if the project will include any of the following:

a. Human Subjects Research  Yes  No  
**If Yes, and NON-FDP institution**, what is your Federal Wide Assurance number: \_\_\_\_\_

b. Vertebrate Animal Research  Yes  No  
**If Yes, and NON-FDP institution**, what is your PHS Animal Welfare Assurance number: \_\_\_\_\_

c. Hazardous Materials  Yes  No  
**If Yes**, is an institutional Hazardous Materials Plan in Place:  Yes  No

12 Is the Subrecipient participating in the FDP Expanding Clearinghouse ([fdp clearinghouse](#))

Yes  No

**If Yes**, skip to Item 18 - Signature Box. **If No**, complete items 13-18 below.

13. Audit Statements

- Yes Are your financial statements audited by an annual independent firm?
- No **If Yes**, you must send a copy of the most recent Auditor's report (in English) including any reported Findings. **If No**, you must provide your most recent financial statement.

14. Conflict of Interest (applicable to PHS & NSF funded projects or agencies that have adopted the federal financial disclosure requirements.

- Not Applicable because this project is not being funded by PHS, NSF, or any other sponsor that has adopted the federal financial disclosure requirements.
- Subrecipient hereby certifies that it has a conflict of interest policy which meets or exceeds the requirements set forth in Responsibility of Applicants for Promoting Objectivity in Research for which PHS funding is sought, 42 CFR Part 50, Subpart F or Institutional Responsibility Regarding Conflicting Interests of Investigators, 45 CFR Part 94, **AND** subrecipient certifies that any person responsible for the design, conduct and reporting of research on the above named project has self-disclosed to the Institution's designated official(s) their significant financial interest(s), **AND** the Institution's official having reviewed the disclosures, has determined: (you **MUST** choose one of the following)
- OR**
- None of the persons responsible for the design, conduct, and reporting of research on the above named project has an identified Financial Conflict of Interest;
- The personnel as identified by subrecipient's policy have an identified Financial Conflict of Interest, the details of which will be provided with the submission of this form.
- Subrecipient does not have an active conflict of interest policy which conforms to the requirements of all applicable regulations set forth in Responsibility of Applicants for Promoting Objectivity in Research for which PHS funding is sought, 42CFR Part 50, Subpart F and hereby agrees to abide by the University of Maryland, Baltimore's policy and related procedures relating to financial conflicts of interest. Policy link: [UMB Policy](#)

15. Has your organization received federal funding as either a Prime Awardee or Subawardee?

- Yes
- No
- If Yes**, in the past three (3) years, which of the following U.S. Federal Agencies provided the funding?

- National Institutes of Health (NIH)
- U.S. Department of Defense
- United States Agency for International Development (USAID)
- National Science Foundation (NSF)
- Center for Disease Control (CDC)
- Other Agencies: \_\_\_\_\_

If you were a Subawardee, list the name(s) of the entity(ies) which flowed down federal funds

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16. Do you have a financial management system that provides for separate control and accountability of all project expenses, property, and other assets for externally supported activities and provides a separate accounting of project funds?

- Yes  
 No

17. Do you have formal written policies and/or training programs that address the following (check if yes):

- |  |  |
|--|--|
| <input type="checkbox"/> Pay Rates and Benefits  | <input type="checkbox"/> Property/Asset Registry                   |
| <input type="checkbox"/> Time, Attendance and Effort   | <input type="checkbox"/> U.S. Grants Management                    |
| <input type="checkbox"/> Travel, FlyAmerica Act, Open Skies  | <input type="checkbox"/> Conflict of Interest, including Financial |
| <input type="checkbox"/> Purchasing/Procurement  | <input type="checkbox"/> Responsible Conduct of Research           |
| <input type="checkbox"/> Have you attended or received on-site training in U.S. Grants Management? |  |

18. Signature of Authorized Organizational Representative:

The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements.

I hereby certify that neither \_\_\_\_\_ nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Print AOR Name: \_\_\_\_\_

Title: \_\_\_\_\_

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