

SUBRECIPIENT COMMITMENT FORM

Guidance on how to complete this form is found at: http://spo.berkeley.edu/forms/subaward/subrecipient_instructions.html.

SECTION A: UC Berkeley Proposal Information

Name of UC Berkeley PI: _____ UC Berkeley Department: _____

Prime Sponsor: _____

Title of Proposal: _____

UC Berkeley 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 UC Berkeley 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 UC Berkeley. 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 Berkeley Principal Investigator (PI) as soon as possible.

SECTION C: Subrecipient Requirements and Responsibilities

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

Subrecipients	Suppliers/Vendors
(a) Subrecipient's PI (named in Section D below) will take a significant role in programmatic decision making and assist the Berkeley PI 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 subrecipieint, e.g., effort reporting on federal awards.	(b) Provides goods or services developed according to the specifications of the UC Berkeley 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 UC Berkeley 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 UC Berkeley 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: _____ (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): \$** _____**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 Berkeley 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)
- ☐ JUSTIFICATION OF "MAJOR PROJECT" STATUS (for federal projects 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

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 UC Berkeley 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.)

SUBRECIPIENT COMMITMENT FORM**6. Conflict of Interest:**

As of August 24, 2012, the Public Health Service (PHS) FCOI policy is separate and distinct from that of the National Science Foundation (NSF). Please respond to each of the following separately.

NSF (or other sponsors that have adopted the NSF financial disclosure requirements) only (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." 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 UC Berkeley's policy, located at <http://researchcoi.berkeley.edu/federal.html>.

PHS (or other sponsors that have adopted the PHS financial disclosure requirements) only (check as applicable):

- ☐ My organization **does have** a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.
- ☐ **Yes** ☐ **No** We are registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse: http://sites.nationalacademies.org/PGA/fdp/PGA_070596.
- ☐ My organization **does NOT have** a PHS-compliant Financial Conflict of Interest (FCOI) policy.
- ☐ **Yes** ☐ **No** My organization agrees to rely on UC Berkeley's FCOI policy and procedures to comply with PHS Conflict of Interest regulations.
- Note: Organizations checking this option are required to follow UC Berkeley's COI and FCOI guidance at <http://researchcoi.berkeley.edu/federal.html>.

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 OMB Circular A-133?

If "No," please indicate why your organization is not subject to A-133 audit requirements:

- ☐ My organization is a non-profit that expended less than \$500,000 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.

Please note: Your organization will be required to confirm that it still is not subject to A-133 audit requirements and fill out a mini-audit questionnaire prior to the establishment of a subagreement: <http://www.spo.berkeley.edu/Forms/UCForms.html>.

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 \$500,000 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 OMB Circular A-133.

If "Yes," respond to the following:

- ☐ **Yes** ☐ **No** Has your organization's 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.

Please note: Your most recent A-133 audit report will be requested prior to the establishment of a subagreement.

SUBRECIPIENT COMMITMENT FORM**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: _____

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>If 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, 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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SPO Internal Information Only

Proposal Deadline: _____

Date of Receipt: _____

SPO RA: _____

Award # (when received): _____