

# UNIVERSITY OF ARIZONA SUBRECIPIENT COMMITMENT FORM



**Research**  
Office for Research & Discovery

SPONSORED PROJECTS SERVICES  
888 NORTH EUCLID AVENUE, ROOM 510  
TUCSON, AZ 85721  
PHONE (520)626-6000/FAX (520)626-4137

## UNIVERSITY OF ARIZONA INFORMATION (to be completed by UA department)

Proposal Title:

Prime Sponsor:

Proposal or Subaward ID #:

UA Principal Investigator (PI):

PI Phone:

PI Email:

## SUBRECIPIENT/SUBAWARD INFORMATION

Subrecipient's Legal Name:

Subrecipient PI:

Subrecipient's Total Funds Requested:

Period of Performance Begin Date:

Period of Performance End Date:

Cost Share (amounts and justification should be included in the attached budget): No Yes \$

Human/Animal Subjects or Embryonic Stem Cells included in proposed work:

## PROPOSAL DOCUMENTS

The following documents are included in subrecipient proposal submission and covered by subrecipient certifications:

### STATEMENT OF WORK

To include work to be performed, project description, PI, period of performance, deliverables, milestones

### BUDGET AND BUDGET JUSTIFICATION

To include annual and summary detailed budgets and budget justification with sufficient detail for cost/price analysis

[NASA ASSURANCE OF COMPLIANCE \(if NASA prime sponsor\)](#)

## PRIMARY POINT OF CONTACT

**Subaward Primary Point of Contact:**

Title:

Address:

City:

State:

ZIP:

Telephone:

Email:

If your organization is a participant in the [FDP Expanded Clearinghouse](#), sign below and submit to the University of Arizona. **If your organization is not a participant, proceed to page 2 and complete the remaining items.**

\_\_\_\_\_  
Signature of Authorized Institutional Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title of Authorized Official

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## Institution Information

Institution Type:

Year Established:

Data Universal Number System (DUNS) #:

Employer Identification Number:

Congressional District:

Registered in SAM.gov: Yes No

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## Facilities and Administrative Rates included in this proposal have been calculated based on:

**Subrecipient federally negotiated rates for this type of work or a reduced rate that the subrecipient hereby agrees to accept. If this box is checked, furnish a copy of the rate agreement to UA or provide a weblink in the Comments section found on page 5.**

10% de minimus rate per Uniform Guidance §200.331

8% foreign institution funded by NIH

## Fringe Benefit Rates included in this proposal have been calculated based on:

Rates consistent with subrecipient federally negotiated rates. **If checked, please attach a copy of the rate agreement or provide a weblink in the Comments section found on page 5.**

Other rates, please specify basis on which rate has been calculated in the Comments section found on page 5.

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## Affirmative Action Compliance

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than fifty (50) employees and the subaward will be for \$50,000 or more, you are required to have a written affirmative action program.

**Yes**, our institution has a written affirmative action program developed and on file.

**No**, our institution does not have a written affirmative action program.

**Not Applicable**, our institution does not have more than fifty (50) employees and/or the total subaward will be less than \$50,000.

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## Debarment, Suspension, Proposed Debarment

Is the Principal Investigator 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

Subrecipient certifies that they (answer all questions below):

Are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal grants or contracts.

Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity.

Have not, within three (3) years preceding this offer, been convicted of or had a civil judgement 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.

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## FFATA Executive Compensation Exemption Certification

Our organization is not exempt from providing compensation information because:

A. In the proceeding fiscal year, our organization received:

(i) 80% or more of its annual gross revenues in federal awards (federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; AND

(ii) \$25,000,000 or more in annual gross revenues from 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 section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

Our organization is exempt from reporting compensation.

# UNIVERSITY OF ARIZONA SUBRECIPIENT COMMITMENT FORM

## Conflict of Interest

Subrecipient organization/institution hereby certifies that (1) it has an active and enforced conflict of interest policy that is consistent with either (a) the provision of 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research" or (b) the National Science Foundation's Conflict of Interest Policy and (2) that policy will be applied to this subaward. If the primary funding of this award is from a Public Health Service (PHS) Agency, the subrecipient must have a PHS compliant policy and must apply that policy to this subaward. 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 resulting agreement. **A weblink to subrecipient's policy is provided Section D: Comments.**

As a subrecipient, a pending COI policy that is compliant with PHS policy, using the Federal Demonstration Partnership (FDP) Model Policy as a guide, is established, will be adopted, implemented, and applied to any resulting agreement prior to the execution of this subaward agreement. A copy of the policy will be provided to University of Arizona upon execution of subaward agreement.

Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to adopt UA's policy. Instructions for following UA's policy will be provided to the subrecipient at time of award. Investigators and key personnel are named below (use Section D: Comments if more space is needed):

Name	Title	Email

## Uniform Guidance Subpart F - Single Audit Status

We have completed our single audit for the most recent fiscal year \_\_\_\_\_ to \_\_\_\_\_. The audit disclosed no material weaknesses, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are not unresolved findings prior year findings. **A link to our audit report is provided in the Section D: Comments.**

We have completed our single audit for the most recent fiscal year \_\_\_\_\_ to \_\_\_\_\_. The audit noted material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved findings prior year findings. **A link to our audit report is provided in the Section D: Comments.**

We have not completed our single audit for the fiscal year ending in 20\_\_\_\_. Our fiscal year ended \_\_\_\_\_ and we expect the audit to be completed by \_\_\_\_\_. Within thirty days of completion, we will provide you with written certification and will send a copy of the audit report, including relevant findings, our responses and corrective action plan if the audit discloses any material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings or unresolved prior year findings complies with applicable laws and regulations.

Subrecipient is not subject to the single audit requirements of Uniform Guidance Subpart F because:

Non-profit or foreign entity expending less than \$750,000 in federal and sub-federal funds in the most recent fiscal year.

For-profit entity

Other: \_\_\_\_\_

\*If subrecipient is not subject to the audit requirements of Uniform Guidance Subpart F or is a foreign entity, subrecipient is required to complete an Audit Certification and Financial Status Questionnaire.

# UNIVERSITY OF ARIZONA SUBRECIPIENT COMMITMENT FORM

## SUBRECIPIENT ADDRESSES AND CONTACTS

### SUBRECIPIENT AWARD ADDRESS

Address:

City:

State:

ZIP:

### SUBRECIPIENT PLACE OF PERFORMANCE (if different from above)

Address:

City:

State:

ZIP:

### ADMINISTRATIVE CONTACT

Name:

Address:

City:

State:

ZIP:

Telephone:

Email:

### SUBRECIPIENT PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

Name:

Address:

City:

State:

ZIP:

Telephone:

Email:

### FINANCIAL CONTACT

Name:

Address:

City:

State:

ZIP:

Telephone:

Email:

### AUDIT CONTACT

Name:

Address:

City:

State:

ZIP:

Telephone:

Email:

### AUTHORIZED OFFICIAL

Name:

Address:

City:

State:

ZIP:

Telephone:

Email:

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## COMMENTS

## SUBRECIPIENT AUTHORIZED OFFICIAL

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 the 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 the execution of a subaward are at the subrecipient's own risk.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title of Authorized Official

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone