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| **SECTION A: Organization Information** |
|       |  |       |
| Legal Name of Subawardee’s Organization/Institution |  | Subawardee Technical Lead |
|       |  |       |
| Address |  | City, State, Zip |
|       |  |       |  |       |
| Federal Employer Identification Number (EIN) |  | DUNS or DUNS+4 number |  | Congressional District/s |
|       |  |       |
| UCF’s Prime Sponsor |  | UCF’s Technical Lead |

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| **SECTION B: Certifications** |

1. Is Subawardee **registered in the System for Award Management (SAM) (formerly the Central Contractor Registration (CCR)**?[ ]  **Yes** [ ]  **No**
2. **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 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.)*

***URL:***

[ ]  Other rates (please specify the basis on which the rate has been calculated in **Section F** below).

1. **Fringe Benefit Rates** included in this proposal have been calculated based on:

[ ]  Rates consistent with or lower than our federally-negotiated rates

 *(If this box is checked, please attach a copy of your Fringe Benefit rate agreement or provide a URL link to the agreement.)*

***URL:***

[ ]  Other rates (please specify the basis on which the rate has been calculated in **Section F** below).

1. Is Subawardee a **Small Business Concern** as defined in 13 CFR 124.1002? [ ]  **Yes**[ ]  **No**

**If YES**, Subawardee represents that it is a *(check all that apply)*:

[ ]  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

1. Does Subawardee have a **Government-approved property control system**? [ ]  **Yes** [ ]  **No**
2. Is Subawardee registered with the **Directorate of Defense Trade Controls (DDTC)**? [ ]  **Yes** [ ]  **No** [ ]  **N/A**

 *(Not applicable if Subawardee is performing Fundamental Research as defined in U.S. export regulations (15 CFR 734.8).*

1. **Debarment and Suspension**

Is the Subawardee’s Technical Lead 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 E** below.

The Subawardee certifies that 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 government 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: Conflict of Interest** |

1. **Public Health Service (PHS) Financial Conflict of Interest (FCOI)** *(applicable to all subawards from PHS agency-funded awards)*

Please select one of the boxes below if funding originates from a PHS agency.

[ ]  Subawardee certifies they have a PHS-compliant FCOI policy in place and that each investigator has completed the required PHS FCOI training (42.C.F.R. Part 50, Subpart F and 45 C.F.R. Part 94).

 [ ]  Subawardee certifies they do not have a PHS-compliant FCOI policy in place and that they will abide by UCF’s policy, located online at <http://www.coi.ucf.edu/policies.html>.

 Public Health Service Agencies:

 Agency for Healthcare Research and Quality (AHRQ)

 Agency for Toxic Substances and Disease Registry (ATSDR)

 Centers for Disease Control and Prevention (CDC)

 Food and Drug Administration (FDA)

 Health Resources and Services Administration (HRSA)

 Indian Health Service (IHS)

 National Institutes of Health (NIH)

 Office the National Coordinator for Health Information Technology (ONC)

 Substance Abuse and Mental Health Services Administration (SAMHSA)

1. **Conflict of Interest** *(applicable to sponsors that have adopted the federal financial disclosure requirements)*

1. [ ]  Not applicable: This project is not being funded by flow-through funds from NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

1. [ ]  Subawardee 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.” Subawardee also certifies that, to the best of its 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 Subawardee’s Conflict of Interest policy prior to the expenditures of any funds under any resultant agreement.

1. [ ]  Subawardee does not have an active and/or enforced conflict of interest policy and agrees to abide by UCF’s policy, located online at <http://www.coi.ucf.edu/policies.html>.

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| **SECTION D: Audit Status** |

1. **Audit Status**

[ ]  Subawardee receives an annual audit in accordance with OMB Circular A-133.

 *(If this box is checked, attach a copy of your Fringe Benefit rate agreement or provide a URL link to the agreement.)*

***URL:***

1. Most recent fiscal year (FY) completed: **FY:**
2. Were any audit findings reported? [ ]  **Yes** [ ]  **No** (**If YES**, explain in **Section E** below).

[ ]  Subawardee DOES NOT receive an annual audit in accordance with OMB Circular A-133.

Subawardee is a: [ ]  Non-profit entity (under federal funding threshold)

 [ ]  Foreign entity

 [ ]  For profit entity

 [ ]  Federal entity

Please complete an **Audit Certification and Financial Status Questionnaire**.

A limited scope audit may be required before a subaward may be issued.

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| **SECTION E: Project Information** |

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| --- | --- |
| Project Title: |       |
| Period of Performance: |       | to |       |

1. Will **Human Subjects** be involved in this project?[ ]  **Yes**[ ]  **No Approval Date:**

**If YES**, *copies of the IRB approval and approved "Informed Consent" form must be provided before a subaward may be issued. Please forward these documents to the UCF Administrative Contact listed below as soon as they become available.*

**If YES**, have all key personnel involved completed Human Subjects Training? [ ]  **Yes**[ ]  **No**

1. Does Subawardee have a Federal-wide Assurance (FWA) Number? [ ]  **Yes** [ ]  **No**

 **If YES,** please provide FWA Number:

1. Is Subawardee AAHRPP accredited? [ ]  **Yes** [ ]  **No**
2. Will **Animal Subjects** be involved in this project?[ ]  **Yes**[ ]  **No Approval Date:**

**If YES**, a *copy of the IACUC approval must be provided before a subaward may be issued. Please forward this document to UCF’s Administrative Contact listed below as soon as it becomes available.*

1. Does Subawardee have a PHS Animal Welfare Assurance (AWA) Number? [ ]  **Yes** [ ]  **No**

 **If YES,** please provide PHS AWA Number:

1. Is Subawardee AAALAC accredited? [ ]  **Yes** [ ]  **No**
2. **Cost Sharing** [ ]  **Yes**[ ]  **No Amount: $**

*Cost sharing amounts and justification should be included in Subawardee’s budget.*

1. Will there be an exchange of confidential information (requiring a **Confidential Disclosure Agreement**) associated with this project**?** [ ]  **Yes** [ ]  **No**
2. Will there be an exchange of materials (requiring a **Material Transfer Agreement**)associated with this project**?** [ ]  **Yes** [ ]  **No**

The following documents are attached to this **Subawardee Commitment Form** and included in Subawardee’s proposal submission being submitted for UCF’s consideration and are covered by the certifications below: *(check as applicable)*

|  |  |
| --- | --- |
| [ ]  | **STATEMENT OF WORK** (required) |
| [ ]  | **BUDGET AND BUDGET JUSTIFICATION** (required) |
| [ ]   | Most recent **W-9** (required) |
| [ ]   | **Certificate of Current Cost or Pricing Data***(required for awards exceeding $500,000 and where price was not established by adequate price competition by catalog prices or by law. Nonprofit subawardees are exempt from this certification when the agreement type is cost-reimbursable no-fee)* |
| [ ]   | Small/Small Disadvantaged Business **SUBCONTRACTING PLAN**, in agency-required format*(if subcontracting $650,000 or more)* |
| [ ]   | **Biosketches** of all Key Personnel, in agency-required format |
| [ ]   | **Other:**  |  |

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| **SECTION F: Comments** |

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| **APPROVED FOR SUBAWARDEE**The information, certifications and representations above have been read, signed and made by an authorized official of the Subawardee 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 performed and/or expenses incurred prior to execution of a subaward agreement are at the Subawardee’s own risk.** |
|  |  |  |
| Signature of Subawardee’s Authorized Official |  | Date |
|       |  |  |
| Name and Title of Authorized Official |  |  |
|       |  |       |
| Email |  | Phone |
|  |
| **Is Subawardee owned or controlled by a parent entity?** [ ]  **Yes** [ ]  **No** |
| **If YES**, *please provide the following:* |
| Parent Entity Legal Name: |       |  |
| Parent Entity Address, City, State, Zip: |       |  |
| Parent Entity Congressional District: |       |  |
| Parent Entity DUNS: |       |  |
| Parent Entity EIN: |       |  |

***Please return completed Subaward Commitment Form to the University of Central Florida to the attention of*:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and Title of UCF Authorized Official |  | Email |
|  |  |  |
| Address |  | Phone |
|  |  |  |  |  |
| City, State | Zip |  |  |