

**Subrecipient Commitment Form**

**UNL Information (To be completed by UNL Department)**

UNL PI Name: \_\_\_\_\_  
 NuRamp #: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Prime Sponsor: \_\_\_\_\_

**SECTION A – SUBRECIPIENT INFORMATION**

Subrecipient Legal Name: \_\_\_\_\_  
 Performance Site Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Congressional District: \_\_\_\_\_  
 UEI: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Organization Type:  
☐ University ☐ Government  
☐ Industry ☐ Other (please specify): \_\_\_\_\_  
☐ Other non-profit

**SECTION B – PROJECT SPECIFIC INFORMATION**

PI Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Administrative Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Period: \_\_\_\_\_ - \_\_\_\_\_ Total Requested: \$ \_\_\_\_\_  
 Subrecipient's Scope of Work Includes:  
☐ Human Subjects; approval date or pending: \_\_\_\_\_  
☐ Vertebrate Animals; approval date or pending: \_\_\_\_\_  
☐ Human Embryonic Stem Cells; approval date or pending: \_\_\_\_\_  
☐ Select Agents; approval date or pending: \_\_\_\_\_  
☐ Recombinant DNA; approval date or pending: \_\_\_\_\_  
☐ Program Income  
☐ Cost Share; amount: \$ \_\_\_\_\_  
☐ None of these

**SECTION C – SUBRECIPIENT CERTIFICATIONS**

**Fiscal Responsibility**

- ☐ The organization certifies that its financial system is in accordance with generally accepted accounting principles and:
- Has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;
  - Maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations, and the provisions of contracts or grants;

- Complies with applicable laws and regulations;
- Can prepare appropriate financial statements. Including the schedule of expenditures of federal awards;
- There are no outstanding audit findings which would impact project costs. If there are findings, submit a copy of the report that describes the finding and steps to be taken to correct the finding.

**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. **Copy of rate agreement attached with this form OR copy of rate agreement available online at:**
- \_\_\_\_\_
- ☐ 15% MTDC (de minimis rate) in accordance with CFR Part 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- ☐ Not applicable (*No indirect cost requested by Subrecipient*).

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

- ☐ Rates consistent with or lower than our federally-negotiated rates. **Copy of rate agreement attached with this form OR copy of rate agreement available online at:**
- \_\_\_\_\_
- ☐ Other rates (*Please specify the basis on which the rate has been calculated in comments below*).
- ☐ Not applicable (*No fringe benefit requested by Subrecipient*).

**Certification Regarding Debarment and Suspension**

Are the Subrecipient Institution or any of its principals who are participating in this project debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency, or delinquent on any federal debt?

Yes No

If YES, please explain in Comment Section below.

If NO, the Organization Certifies it (**answer all questions below**):

Is	Is not	presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts;
Is	Is not	presently indicted for, or otherwise criminally or civilly charged by a government agency;
Has	Has 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 commissions of 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;
Has	Has not	within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

**SECTION D – AUDIT STATUS**

Does your organization receive an annual audit in accordance with Uniform Guidance 2 CFR Part 200 Subpart F— Audit Requirements?

Yes No

If YES:

Fiscal year of most recent audit: \_\_\_\_\_

- ☐ **Copy of audit attached with this form OR copy of audit available online at:**
- \_\_\_\_\_

Were any audit findings reported in your most recent audit?

Yes – Provide a description of the findings in the Comments below.

No

Comments:

#### SECTION E – CONFLICT OF INTEREST

- ☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research” and 45 CFR Part 94 “Responsible Prospective Contractors.” Subrecipient also certifies that, to the best of their knowledge, all financial disclosures have been made related to the activities that may be funded by or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipient’s conflict of interest policy prior to the expenditures 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 and follow UNL’s policy including all financial interest disclosure and management processes. The policy may be found at [UNL Conflict of Interest in Research Policy](#). Please email [unlcoi@unl.edu](mailto:unlcoi@unl.edu) to obtain a copy of the form and instructions for completion.
- ☐ Not applicable because this project is not being funded by Public Health Service (PHS), National Science Foundation, Department of Energy, or other sponsor that has adopted the federal financial disclosure requirements.

#### SECTION F – SPONSOR CERTIFICATIONS

- ☐ All of the named personnel on this subaward have disclosed in the relevant proposal documents (bio sketch, Current & Pending, etc.) any international appointments or affiliations (paid or unpaid) or financial or in-kind support received from a foreign entity in the past 12 months.
- ☐ If NASA, Subrecipient certifies it is not a Chinese or Chinese-owned entity, and it will not participate, collaborate, or coordinate bilaterally with China or any Chinese-owned entity, whether the involvement is funded or performed under a “no exchange of funds” arrangement.
- ☐ If NIH, Subrecipient certifies that it will monitor and maintain records for the individual training plans as proposed by Subrecipient in accordance with NIH’s RCR training requirements.
- ☐ If NSF, Subrecipient certifies that it maintains an institutional plan to meet NSF’s requirements for RCR. Subrecipient confirms that it will verify that all NSF-supported undergraduate students, graduate students, and postdoctoral researchers are trained in RCR.
- ☐ If USDA NIFA, Subrecipient certifies that it has an institutional plan compliant with USDA-NIFA’s most recent Agency-Specific Terms & Conditions requirements related to RCR.

#### SECTION G – AUTHORIZED SIGNATURE

*The Authorized Official certifies the information on this form is accurate and complete and that the associated proposal has been reviewed and approved by the appropriate personnel of the subrecipient entity. The appropriate programmatic and administrative personnel involved in this proposal are aware of the sponsoring agency policies, agree to comply with award terms, conditions and certifications and are prepared to enter into an inter-institutional agreement 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.*

Printed Name and Title of Authorized Official: \_\_\_\_\_

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

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_