

Subrecipient Commitment to Establish a Subaward Agreement

PROPOSAL INFORMATION

Prime Principal Investigator: mySP #:
 Prime Institution:
 Project Title:
 Prime Sponsor:
 NOFO/RFP URL:
 Project Period Begin Date: Project Period End Date:

SUBRECIPIENT INFORMATION

Subrecipient Principal Investigator:
 Subrecipient Institution:
 Subrecipient UEI: Subrecipient EIN (Employer or Tax ID):
 Subrecipient Administrative Contact:
 Administrative Contact Phone: Administrative Contact Email:
 Subrecipient Contracting Contact:
 Contracting Contact Phone: Contracting Contact Email:
 Address of Place of Performance:

Subrecipient is a participant of the [FDP Expanded Clearinghouse](#). *If no, complete page 3 of this form.*

COSTS REQUESTED BY SUBRECIPIENT

First Budget Period	Project Period
Direct Costs	Direct Costs
F&A Costs	F&A Costs
Total Costs	Total Costs
Committed Cost Share (if applicable)	Committed Cost Share (if applicable)

PROPOSAL DOCUMENTS (Detailed Budget, Detailed Budget Justification, and Scope of Work are required. Other documents as requested.)

- Detailed Budget
- Detailed Budget Justification
- Scope of Work
- Biosketches for all Senior/Key Personnel in agency required format
- Other

COMPLIANCE

Foreign Components

Subrecipient's portion of the project includes foreign components.

Data Management and Sharing

Subrecipient's portion of the project includes sharing of data material.

Human or Vertebrate Animal Subjects

Does the subrecipient's portion of the project include human subject research? If yes:

Federal Wide Assurance #

IRB approval and approved Informed Consent forms are attached.

IRB approval and approved Informed Consent forms will be provided when available.

Certification of education on the protection of human research participants for all senior/key personnel is:

Attached

or

Will be provided at time of JIT or award

Human subject research is exempt. Exempt #

Does the subrecipient's portion of the project include vertebrate animal research? If yes:

Animal Welfare Assurance #

IACUC approval is attached.

IACUC approval will be provided when available.

SUBRECIPIENT AUTHORIZED OFFICIAL REPRESENTATIVE (AOR) APPROVAL

I certify that the information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized official representative (AOR) of the subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that: (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization's own risk, and (b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

Name of Institution

Signature of Authorized Official

Name of Authorized Official

Title of Authorized Official

Date

This section must be completed by all subrecipients without an FDP Clearinghouse profile.

SUBRECIPIENT INFORMATION

Subrecipient Legal Name:

Subrecipient Address:

City:

State:

9-Digit Zip:

Years in Business:

Fiscal Year Begin Date:

Congressional District:

Country:

Type of Organization:

Financial Conflict of Interest (FCOI):

Does the subrecipient have a current financial conflict of interest (FCOI) policy that is compliant with [PHS 42 CFR Part 50 Subpart F](#) and [45 CFR Part 94](#), Promoting Objectivity in Research? If no, all investigators of the subrecipient organization **must** report through and adhere to KU Medical Center's [FCOI process](#) **prior to submission of the proposal.**

RATE INFORMATION

Facilities and Administrative

Federally negotiated F&A rate has been applied. Subrecipient negotiated rate agreement is:

Attached

or

URL

Subrecipient does not have a federally negotiated rate and has elected to use the 15% de minimus rate.

Other rate applied as required by the prime sponsor policies/guidelines.

Indirect costs will not be charged on this project.

Fringe Benefit Rates

Federally negotiated fringe benefits rates have been applied. Subrecipient negotiated rate agreement is:

Attached

or

URL

Subrecipient does not have a federally negotiated rate and has applied actual fringe benefits specified below:

CERTIFICATIONS

Debarment and Suspension

Subrecipient certifies that neither it nor the principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency. Subawards to any entity or individual included in the Federal Excluded Parties are prohibited.