**Subrecipient Commitment Form**

Graphical user interface, application

Description automatically generated

This subrecipient commitment from must be completed by an organization that intends to enter a subrecipient relationship with the University of Colorado Denver | Anschutz Medical Campus (CU Denver |AMC).

**NOTE:** **Missing or incomplete information may delay the subcontract process.**

|  |  |  |
| --- | --- | --- |
| **SECTION A: CU DENVER | ANSCHUTZ MEDICAL CAMPUS INFORMATION** | | |
| **Name of CU Denver | AMC PI** |  | |
| **CU Denver | AMC Department** |  | |
| **Title of Proposal** |  | |
| **Prime Sponsor** |  | |
| **Prime Award Number** |  | |
| **CU Denver | AMC Period of Performance (MM/DD/YY)** | **Start:** Click or tap to enter a date. | **End:** Click or tap to enter a date. |
| **Subrecipient Period of Performance** | **Start:** Click or tap to enter a date. | **End:** Click or tap to enter a date. |

|  |  |
| --- | --- |
| **SECTION B: SUBRECIPIENT INFORMATION** | |
| **Legal Entity Name** |  |
| **Employment Identification Number (EIN)** |  |
| **DUNS Number / Unique Entity Identifier** |  |
| **Subrecipient PI** |  |
| **Organization Address, including ZIP Code +4** |  |
| **Congressional District of Organization (if in the USA)** |  |
| **Performance Site Address (if different from organization address), including ZIP Code +4** |  |
| **Congressional District Performance Site (if in the USA)** |  |
| **CAGE Code, for Domestic Organizations** |  |
| **NAIS Code, for International Organization** |  |
| **NCAGE Code, for International Organizations** |  |

|  |
| --- |
| **SECTION C: PROPOSAL DOCUMENTS** |
| Statement of Work (Required – must describe the subrecipient’s specific role) |
| Detailed Line-Item Budget (Required) |
| Narrative Budget Justification (Required) |
| Biosketches of Key Personnel (in agency-required format, if required) |
| Small/Small Disadvantaged Business Subcontracting Plan (in agency-required format, if required) |
| Other: |

|  |
| --- |
| **SECTION D: PROJECT INFORMATION** |
| Does the project include any of the following? (Select all that apply) |
| Human Subjects |
| Animal Subjects – *Note: An IACUC approval must be submitted to CU Denver | AMC before the subaward can be issued.* |
| Stem Cells |
| Genomic Data Sharing |

|  |  |  |
| --- | --- | --- |
| **SECTION E: SUBRECIPIENT BUDGET** | | |
|  | 1st Budget Period | Total Budget |
| Total Costs (Direct and Indirect (F&A) Costs) | $ | $ |
| Cost Share (If Applicable) | $ | $ |

**Indirect (F&A) Cost Rates**

|  |  |  |
| --- | --- | --- |
| Federally negotiated F&A rate | | |
| A reduced F&A rate | Rate: | Base Type Choose an item. |
| No rate agreement; requesting and eligible for 10% de minimis rate (eligibility identified at 2 CFR 200.414) | | |
| Not Applicable – subrecipient is not requesting payment of F&A | | |

Please provide a link to the subrecipient’s F&A agreement in the box below if a federally negotiated F&A rate is applied to this proposal. **FDP Expanded Clearinghouse members may skip this question.**

|  |
| --- |
|  |

|  |
| --- |
| **SECTION F: FDP Expanded Clearinghouse** |
| Is the subrecipient a Participating Organization in the FDP Expanded Clearinghouse Initiative? |
| Yes |
| No |

* If you answered “Yes” to the question above, you may skip the remainder of the questions on this form. Please go to SECTION K: Authorizations on page five.
* If you answered “No” to the question above, you must complete the remainder of the questions on this form.

|  |
| --- |
| **SECTION G: SUBRECIPIENT ELIGBILITY (FEDERAL AWARDS ONLY)** |

Per 2 CFR 25, federal award recipients and subrecipients must always maintain an active SAM.gov registration during the period of performance of a federal award. A subaward cannot be issued if the subrecipient does not have an active SAM.gov registration.

|  |  |
| --- | --- |
| Entity Name as Registered in SAM.gov |  |
| DUNS Number / Unique Entity Identifier used in SAM.gov |  |
| Expiration Date |  |

|  |
| --- |
| **SECTION H: FFATA REPORTING REQUIREMENTS (FEDERAL AWARDS ONLY)** |

|  |  |
| --- | --- |
| YES | In your business or organization’s preceding completed Fiscal Year, did your business organization  receive (1) 80 percent or more of its annual gross revenues in U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and (2) $25,000,000 or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? |
| NO |

If you answered “YES” to the question above, please complete the following question:

|  |  |
| --- | --- |
| YES | Does the public have access to information about the compensation of the executives of the organization referenced herein 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? If “NO,” the subrecipient will be required to provide the names and total annual compensation of its top five highest compensated officers before a subaward may be issued. |
| NO |

|  |
| --- |
| **SECTION I: SUBRECIPIENT CERTIFICATIONS** |

Answer each of the following questions if applicable to this proposal.

**1. Experience.**

|  |  |
| --- | --- |
| YES | Does the subrecipient have prior experience receiving the same or similar award type? |
| NO |

**2. Fringe Benefits.**

|  |  |
| --- | --- |
| YES | Are the fringe benefit rates included in this proposal consistent with the subrecipient’s federally negotiated rates? |
| NO |

If you answered “NO” to question 2, please provide a description of the basis on which the rate has been calculated in the Comments section below.

|  |
| --- |
|  |

**3. Lobbying.**

|  |  |
| --- | --- |
| YES | Does the subrecipient certify 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? |
| NO |

**4. Suspension and Debarment.**

|  |  |
| --- | --- |
| YES | a) Is the PI, any other employee, or any student planning to participate on this project currently debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? If yes, please provide an explanation in the comment box below. |
| NO |

|  |  |
| --- | --- |
| YES | b) Within three (3) years preceding this offer, has anyone in your organization 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 or subcontract, including but not limited to: 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? If yes, please provide an explanation in the comment section below. |
| NO |

|  |  |
| --- | --- |
| YES | c) Within three (3) years preceding this offer, has your organization had one or more awards terminated for default by any federal agency? |
| NO |

Comments

|  |
| --- |
|  |

**5. Fiscal Responsibilities.**

|  |  |
| --- | --- |
| YES | Does the subrecipient certifies that its financial system is in accordance with generally accepted accounting principles (GAAP) and:   * has the capability to identify in its accounts all Federal awards received and expended and the Federal programs (CFDA Number) 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; * can prepare appropriate financial statements, including the schedule of expenditures of federal awards; and, * has a procurement system compliant with 2 CFR 200? |
| NO |

**6. Institutional Maturity.**

|  |  |
| --- | --- |
| What year was the subrecipient organization established? |  |

**7. Conflict of Interest.** Applicable to projects funded by the Public Health Service (PHS) or any sponsor following PHS Financial Conflict of Interest Regulations. Check the applicable box.

|  |  |
| --- | --- |
|  | Organization 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. Organization also certifies that, to the best of Institutions knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through an agreement resulting from this proposal, 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 the Organization’s conflict of interest policy prior to expenditures of any funds under any resulting agreement. |
|  | Organization does not have an active and/or enforced Conflict of Interest policy and agrees to abide by CU Denver | AMC’s policy, located at: <http://www.ucdenver.edu/academics/research/AboutUs/regcomp/conflictofinterest/Pages/default.aspx>. |
|  | Not applicable because this project is not funded by NIH, NSF, or another sponsor that has adopted the federal financial disclosure requirements. |

**8. Responsible Conduct of Research (RCR).** Answer the following questions for NSF-funded project only.

|  |  |
| --- | --- |
| YES | a) The subrecipient 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 (P.L. 110-69). |
| NO |
| Not Applicable |

|  |  |
| --- | --- |
| YES | b) The subrecipient certifies that it has a training program in place and will train all undergraduate students, graduate students, and postdocs in accordance with NSF’s RCR Requirements. |
| NO |
| Not Applicable |

**9. Human Subjects**

|  |  |
| --- | --- |
| Please provide the subrecipient’s Federalwide Assurance Number (FWA) if human subjects will be involved within the subrecipient’s scope of work. If the subrecipient does not have a FWA number, please provide an explanation detailing how the subrecipient will comply with US Federal regulations and policies for the protection of human subjects. |  |

|  |
| --- |
| **SECTION J: AUDIT STATUS** |

|  |  |
| --- | --- |
| YES | Does the subrecipient receive an annual single audit in accordance with 2 CFR 200, Subpart F? |
| NO |

If you answered “YES” to the question above, please answer the following question.

|  |  |
| --- | --- |
| What is the organization’s auditee name, as identified in the Federal Audit Clearinghouse? |  |

If you answered “NO” to the question above, please identify why an annual single audit is not conducted.

|  |
| --- |
| The subrecipient did not expend $750,000 in federal funds during its last fiscal year. |
| The subrecipient is a for-profit organization. |
| The subrecipient is a foreign organization. |
| The subrecipient is a federal government entity |

|  |
| --- |
| **SECTION K: AUTHORIZATION** |

**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 regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with these policies.

Any work begun and/or expenditures incurred prior to execution of a subaward agreement are at the subrecipient’s own risk.

|  |  |
| --- | --- |
| Signature of Subrecipient’s Authorized Official | Date |

|  |
| --- |
| Printed Name and Title of Authorized Official |