



This subrecipient commitment form must be completed by an organization that intends to enter into a subrecipient relationship with the University of Colorado Denver|Anschutz Medical Campus (CU Denver|AMC). This form is for organizations that are not members of the FDP Expanded Clearinghouse. Organizations that are members of the FDP Expanded Clearinghouse should complete the applicable subrecipient commitment form.

**Note: Missing or incomplete information may delay the proposal review process. All boxes outlined in red are required.**

**SECTION A: CU DENVER PROPOSAL 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	End
Subrecipient Period of Performance (MM/DD/YY)	Start	End

**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 US)	
Performance Site Address (if different from organization address), including ZIP Code +4	
Congressional District of Performance Site (if in US)	
CAGE Code, for Domestic Organizations	
NAIS Code, for International Organizations	
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: SUBRECIPIENT BUDGET**

	1st Year	Total (Period of Performance)
Direct Costs	\$	\$
Indirect (F&A) Costs	\$	\$
<b>TOTAL COSTS</b>	\$	\$

Amount of Cost Share (if applicable)	\$
Indirect (F&A) Cost Rate	

**SECTION E: INDIRECT (F&A) COST RATES**

Indirect (F&A) Cost Rates included in this proposal have been calculated based on (select one):

- Federally negotiated F&A rate
- A reduced F&A rate Rate Base Type
- No rate agreement; requesting and eligible for the 10% de minimis rate (eligibility identified at 2 CFR 200.414(f))
- Not applicable – subrecipient is not requesting payment of F&A

Please provide a link to the F&A agreement in the box below if a federally negotiated F&A rate is applied to this proposal

**SECTION F: SUBRECIPIENT ELIGIBILITY (FEDERAL AWARDS ONLY)**

Per 2 CFR 25.200(b)(2), federal award recipients and subrecipients must maintain an active SAM.gov registration at all times during which it has an active federal award. CU Denver|AMC cannot issue a federal subaward agreement if your organization does not have an active SAM.gov registration.

Entity Name as Registered in SAM.gov	
DUNS Number/Unique Entity Number for Registration	
Expiration Date	

**SECTION G: FFATA REPORTING (FEDERAL AWARDS ONLY)**

YES  NO 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?

If “YES,” please answer the following question:

YES  NO 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 5 highest compensated officers before CU Denver|AMC can issue a subaward.



**SECTION H: CERTIFICATIONS**

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

1. **Experience.** Does your organization have prior experience receiving the same or similar award type?

YES  NO

2. **Fringe Benefits.** Fringe benefits rates included in this proposal have been calculated based on:

Rates consistent with our federally negotiated rates. (If checked, please provide a link to this information in the Comments section below.)

Other rates (please provide a description of the basis on which the rate has been calculated in the Comments section below).

Comments

3. **Human Subjects.** Will human subjects be involved in the subrecipient’s portion of the work?

YES  NO

If “YES,” please provide your organization’s Federalwide Assurance Number (FWA) in the space below. If your organization does not have a FWA Number, please provide an explanation detailing how your organization will comply with US Federal regulations and policies for the protection of human subjects in the space below.

4. **Animal Subjects.** Will animal subjects be involved in the subrecipient’s portion of the work?

YES  NO

If “YES,” please provide a copy of the IACUC approval to the CU Denver | AMC PI as soon as possible. IACUC approval is required before a subaward agreement can be issued.

5. **Embryonic Stem Cells.** Will this project include human induced pluripotent or Human Embryonic Stem Cells?

YES  NO

6. **Lobbying.** Does your organization 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?

YES  NO



**7. Responsible Conduct of Research (RCR) (NSF-funded projects only).**

a. My organization 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).

YES     NO     N/A

b. My organization 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.

YES     NO     N/A

**8. 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.

Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

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/conflictinterest/Pages/default.aspx>.

**9. Suspension and Debarment.**

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.

YES     NO

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.

YES     NO

c. Within three (3) years preceding this offer, has your organization had one or more awards terminated for default by any federal agency?

YES     NO

Comments



10. **Institutional Maturity.** What year was your organization established? \_\_\_\_\_

11. **Fiscal Responsibility.** Your organization 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.

\_\_\_\_ YES      \_\_\_\_ NO

**SECTION I: AUDIT STATUS**

Select one of the following choices:

\_\_\_\_ Subrecipient DOES receive an annual single audit in accordance with 2 CFR 200, Subpart F.  
Auditee Name (if different from organization name) \_\_\_\_\_

Is your organization's most recent single audit in the Federal Audit Clearinghouse? If "No," you must supply a complete copy of the audit report, along with the SF-SAC form, before a subaward may be made to your organization.

\_\_\_\_ YES      \_\_\_\_ NO

\_\_\_\_ Subrecipient DOES NOT receive a single audit in accordance with 2 CFR 200, Subpart F, because subrecipient:

- \_\_\_\_ Did not expend \$750,000 in federal funds during its last fiscal year
- \_\_\_\_ Is a for-profit organization
- \_\_\_\_ Is a foreign organization
- \_\_\_\_ Is a government entity

**SECTION J: 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 in regard to 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**

\_\_\_\_\_  
**Name and Title of Authorized Official**