

## Subrecipient Commitment Form

### Part I: To be completed by all subrecipients

All subrecipients submitting a subaward proposal to the University of Michigan (U-M), regardless of sponsor, must complete this form prior to U-M's proposal submission, or as requested by U-M. This form must be signed/dated by the subrecipient's authorized institutional official. Do not complete this form if the subrecipient is a [Federally Funded Research and Development Center](#).

1. PASS-THROUGH ENTITY (PTE) INFORMATION	
PTE PI:	
PTE Proposal Number:	
Prime Sponsor:	
If the Prime Sponsor is NIH:	Is this an MPI Project: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. SUBRECIPIENT PROPOSAL INFORMATION			
Organization Name:			
Organization Address:		Phone #:	
		UEI #:	
Is the subrecipient a foreign entity:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Subrecipient PI:			
Subrecipient PI Email:			
Place of Performance:		Congressional District #:	
Place of Performance Address (if different from organization address):			
Administrative Contact:			
Administrative Contact Email:			
PROJECT INFORMATION			
Project Title:			
Project Period:		Subrecipient Proposal #:	
Total Request Amount (whole dollars):		Cost Sharing Amount (whole dollars):	

### 3. PROPOSAL DOCUMENTS

The following documents are included in our subaward proposal submission and prepared in compliance with the prime sponsor's solicitation guidelines and covered by the certifications below.

<b>Required</b>	<input type="checkbox"/> Scope of Work	<input type="checkbox"/> Budget & Justification
<b>As Applicable</b>	<input type="checkbox"/> Biosketch	<input type="checkbox"/> Facilities & Other Resources
	<input type="checkbox"/> Other:	

### 4. CERTIFICATIONS

Subrecipient's scope of work includes: (Documentation of subrecipient approval(s) may be required)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Human Subjects	<b>If yes, have all senior/key personnel completed human subjects training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vertebrate Animals			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Custom made antibodies			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Human embryonic stem cells (hESC)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recombinant DNA (rDNA)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dual Use Research Concern (DURC) <i>For a list of applicable agents, see the <a href="#">USG Policy for Oversight of Dual Use Research of Concern</a>.</i>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NIH only:</b> Large Scale Human or Non-Human Genomic Data <i>For applicability, refer to <a href="#">NOT-OD-14-124</a>. Documentation of an approved consent form and Institutional Certification will be required prior to the award, at the 'Just in Time' stage.</i>			

#### CERTIFICATION OF COMPLIANCE WITH SPONSOR REQUIREMENTS

<input type="checkbox"/>	<b>NIH only: Other Support Training and Policy</b> Subrecipient's Authorized Official certifies all senior/key personnel participating on this project have been trained on NIH's other support disclosure requirements as outlined in <a href="#">NOT-OD-25-133</a> .
<input type="checkbox"/>	<b>NSF only: Safe and Harassment-free Fieldwork Plan (SHFP)</b> Does the scope of work proposed by the subrecipient involve conducting research activities off-campus or off-site?  <input type="checkbox"/> <b>Yes</b> , Subrecipient's Authorized Official certifies the subrecipient organization has a plan in place for <b>this proposal</b> that is compliant with the NSF PAPPG.  <input type="checkbox"/> <b>No</b>
<input type="checkbox"/>	<b>DOE, NIH*, NSF, USDA only: Research Security Training</b> Subrecipient's Authorized Official certifies all covered individuals* participating on this project have completed research security training consistent with Section 10634 of the CHIPS and Science Act of 2022 and that the subrecipient will maintain sufficient records of their compliance with this requirement.  <i>*For NIH, required for submissions with due dates on or after May 25, 2026.</i>
<input type="checkbox"/>	<b>DOE, NASA, NIH, NSF only: Certification Regarding Malign Foreign Talent Recruitment Programs</b> Subrecipient's Authorized Official certifies all covered individuals* participating on this project have been made aware of and have certified they are not a party to a Malign Foreign Talent Recruitment Program, in accordance with Section 10632(a) of the CHIPS and Science Act of 2022.  <i>*The CHIPS and Science Act of 2022 defines a "covered individual" as an individual who (A) contributes in a substantive, meaningful way to the scientific development or execution of a research and development project proposed to be carried out with a research and development award from a Federal research agency; and (B) is designated as a covered individual by the Federal research agency concerned.</i>

**5. FDP CLEARINGHOUSE**

Does the subrecipient organization participate in the [FDP Clearinghouse](#)?  
 If **YES**, complete Part I of this form and sign below.  Yes  No  
 If **NO**, complete both Parts I and II of this form and sign below.

If the Prime Awarding Sponsor is the National Institutes of Health, we, the subrecipient organization, agree to abide by all requirements of the NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreements ([NOT-OD-23-182](#)), and will provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to the primary recipient with a frequency of not less than once per year, in alignment with the timing requirements for Research Performance Progress Report (RPPR) submission. Such access may be entirely electronic.

By signing below, I certify that I am an authorized institutional official, and the information and representations made herein are true, accurate and complete. The appropriate programmatic and administrative personnel involved in this application are aware of all sponsor policies regarding subawards and are prepared to establish the necessary inter-institutional agreements 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.

AUTHORIZED OFFICIAL (AO) INFORMATION			
AO Name:			
AO Title/Department:			
AO Email:		AO Phone #:	

\_\_\_\_\_  
Signature of Subrecipient’s Authorized Institutional Official

\_\_\_\_\_  
Date

## Subrecipient Commitment Form

### Part II: To be completed by subrecipients NOT participating in the FDP Clearinghouse

[See list of participating FDP organizations](#)

#### CERTIFICATIONS

**FACILITIES & ADMINISTRATION RATES** included in this proposal have been calculated based on the following:

- Our federally negotiated F&A rate for this type of work.
- No federal negotiated rate and we hereby agree to accept the 15% de minimis MTDC rate as a subrecipient.  
*NIH: See NIH Grants Policy Statement [Section 7.4 under Grants to Foreign Organizations and International Organizations](#)*
- A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. **Rate:** **Base:**
- Not applicable (no indirect costs are requested). If checked, please specify rationale in Comment Section below.
- Indirect costs are not separately requested as costs are fully burdened.

**FRINGE BENEFIT RATES** included in this proposal have been calculated based on the following:

- Rates are consistent with our federally negotiated rates.
- Other rates (specify in the Comment Section below the basis on which the rate has been calculated)
- Fringe Benefits are not separately requested as costs are fully burdened.

#### FINANCIAL CONFLICT OF INTEREST

- Subrecipient has an active and enforced policy on conflict of interest consistent with the sponsor's requirements.  
*Examples: DOE FAL 2022-02; NASA GCAM Section 3.3, NSF PAPPG Part II Chapter IX A, PHS 42 CFR Part 50 Subpart F*
- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to U-M's policy. To comply with U-M's policy, attach a completed [Non-UM Affiliate Disclosure Form](#) for each investigator on this project. This must be completed prior to subaward issuance.

#### ETHICS IN RESEARCH TRAINING

Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training

- Not applicable. This project is not being funded by NSF or any other programs requiring Ethics in Research Training.
- Subrecipient organization will ensure all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

#### DEBARMENT, SUSPENSION, PROPOSED DEBARMENT

- Yes     No    Are the subrecipient organization or any of its principals who are participating in this project debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from receiving funds from any federal department or agency, or delinquent on any federal debt?

If **YES**, explain in the 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.

<input type="checkbox"/> HAS	<input type="checkbox"/> 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 submissions of offers; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements or receiving stolen property.
<input type="checkbox"/> HAS	<input type="checkbox"/> HAS NOT	within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

AUDIT STATUS		
Was the subrecipient required to conduct an annual audit in accordance with the Single Audit Act or Uniform Guidance Subpart F, Audit Requirements for the most recent audit year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was an audit in accordance with the Single Audit Act completed for the most recent fiscal year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If <b>YES</b>, a complete copy of subrecipient’s most recent audit report, or the Internet URL link to a complete copy listed in the comment section, must be furnished to U-M before a subaward will be issued.</p> <p>If <b>no audit was completed OR if the subrecipient is not subject to the Single Audit Act or Uniform Guidance</b>, a limited-scope audit will be reviewed and approved before a subaward can be issued.</p>		
Was there any audit finding reported? If <b>Yes</b> , clarify in the comment section below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUBRECIPIENT INSTITUTIONAL INFORMATION		
Is the subrecipient currently registered in the Central Contractor Registration (CCR) through System for Award Management ( <a href="#">SAM</a> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If <b>NO</b>, organizations that have not registered with CCR will need to obtain a Unique Entity Identifier (UEI) number first and then access the CCR online registration through the SAM <a href="#">home page</a> (U.S. organizations will also need to provide an Employer Identification Number from the <a href="#">Internal Revenue Service</a> that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour, and your CCR registration may take 3-5 business days to process. Subrecipient <i>must</i> maintain current CCR information in SAM.</p>		
<b>EIN #:</b>		
Be sure the UEI number is entered on Part I		

COMMENTS