



Universidad Central Del Caribe
Office of the Associate Dean For Research and Graduate
Studies

To be completed
by OADRGS

SUBRECIPIENT COMMITMENT FORM

Proposal #

All subrecipients should complete this form. Send this form along with attachments via email to:
vicmag.cabrera@uccaribe.edu

Principal Investigator Information

Name:	Dept/Unit:	% Effort
Phone:	Email:	

Subcontract Information

Subrecipient Entity Legal Name:		
Employer Federal Tax ID #:		
DUNS Number:		
Prime Award Sponsor:		
Project Title:		
Subrecipient Total Funds Requested:	Begin Date:	End Date:

Subrecipient Administrative Contact:

Name:	Address:
Email:	
Phone:	Fax:

Subrecipient Principal Investigator:

Name:	Address:
Email:	
Phone:	Fax:

Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below:

<input type="checkbox"/> Statement of Work	<input type="checkbox"/> Budget and Budget Justification	<input type="checkbox"/> Subrecipient Commitment Form
<input type="checkbox"/> Copy or Link to A-133 Audit Report		

Certifications

1. Facilities and Administrative Rates included in this proposal have been calculated based on the following:

Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. **(Please include copy of your F&A rate agreement)**

Other rates (Please specify the basis on which the rate has been calculated)

Not applicable (No indirect cost are requested by subrecipient)

2. Human Subject Yes No (If yes, please include evidence of IRB Approval or IRB Approval is pending and will be submitted to UCC as soon as available)

3. Animal Subjects Yes No (If yes, please include evidence of IACUC Approval or IACUC Approval is pending and will be submitted to UCC as soon as available)

4. Cost-Sharing Yes No

Comments

Subrecipient Authorized Official Representative

Name:

Title:

Signature:

Date: