

 <small>UNIVERSIDAD CENTRAL DEL CARIBE</small>	Universidad Central Del Caribe Office of the Associate Dean For Research and Graduate Studies		To be completed by OADRGS	
	<b>SUBRECIPIENT COMMITMENT FORM</b>		Proposal #	
All subrecipients should complete this form. Send this form along with attachments via email to: <a href="mailto:vicmag.cabrera@uccaribe.edu">vicmag.cabrera@uccaribe.edu</a>				
<b>Principal Investigator Information</b>				
Name:		Dept/Unit:	% Effort	
Phone:		Email:		
<b>Subcontract Information</b>				
Subrecipient Entity Legal Name:				
Employer Federal Tax ID #:				
DUNS Number:				
Prime Award Sponsor:				
Project Title:				
Subrecipient Total Funds Requested:		Begin Date:	End Date:	
<b>Subrecipient Administrative Contact:</b>				
Name:		Address:		
Email:				
Phone:		Fax:		
<b>Subrecipient Principal Investigator</b>				
Name:		Address:		
Email:				
Phone:		Fax:		
<b>Proposal Documents</b>				
The following documents are included in our subaward proposal submission and covered by the certifications below:				
____ Statement of Work	____ Budget and Budget Justification	____ Subrecipient Commitment Form		
____ Copy or Link to A-133 Audit Report	____ Biosketches	____ Other: _____		

## 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 or 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 in the comments section)*

\_\_\_ Not applicable *(No indirect cost are requested by subrecipient)*

2. Human Subjects \_\_\_ Yes \_\_\_ No

If yes, provide your organization's Federal Wide Assurance Number (FWA): \_\_\_\_\_

*(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, provide your organization's Animal Welfare Assurance Number: \_\_\_\_\_

*(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

5. Fiscal Responsibility:

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

\_\_\_ has the capability to identify, in its accounts, all Federal awards received and associated expenses as well as the Federal programs under which they were received;

\_\_\_ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations, and the provision of contracts or grants;

\_\_\_ complies with applicable laws and regulations;

\_\_\_ can prepare appropriate financial statements;

\_\_\_ there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most report that describes the finding and steps to be taken to correct the finding.

6. Conflict of Interest

\_\_\_ Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "*Responsibility of Applicants for Promoting Objectivity in Research*". Subrecipient also certifies that, to the best of Subrecipient's knowledge, (1) all financial disclosures will be made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy, and (2) all identified conflict of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to expenditures of any funds under any resulting agreement.

\_\_\_ Subrecipient does not have an active and/or enforced conflict of interest policy

Comments
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<b>Subrecipient Authorized Official Representative</b>
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Name: \_\_\_\_\_

Title:
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Signature: \_\_\_\_\_

Date: