

**SUBRECIPIENT
COMMITMENT FORM**

University of Puerto Rico
Medical Sciences Campus



This subrecipient commitment form must be completed by an organization that intends to enter into a subrecipient relationship with the University of Puerto Rico Medical Sciences Campus (MSC).

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

SECTION A. MSC INFORMATION

Name of MSC PI: _____ MSC Department: _____

Prime Sponsor: _____

Title of Project: _____

MSC Period of Performance: From: _____ To: _____

Proposed Period of Performance of Subrecipient (if different): From: _____ To: _____

SECTION B. SUBRECIPIENT ELIGIBILITY SECTION

Any organization planning to enter into a collaborative subrecipient relationship with MSC must complete this form. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and MSC. This form will be considered valid for one year from the date of signature by your organization's Authorized Official.

Please answer the following questions BEFORE completing the rest of the form.

Yes **No** Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?

Yes **No** Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

If you answered "Yes" to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the MSC Principal Investigator (PI) as soon as possible.

SECTION C. DOCUMENTS

STATEMENT OF WORK (Must describe the subrecipient's specific role within the MSC project-REQUIRED)

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: _____

OTHER: _____

OTHER: _____

SECTION D. SUBRECIPIENT INFORMATION

Legal Name: _____	DUNS #: _____
UEI: _____	Phone: _____
Project Director/PI: _____	E-mail: _____
Organization's Address: Include ZIP Code +4 or other postal code: _____	Congressional District: _____ (if in U.S.)
Performance Site Address (if different from above): Include ZIP Code +4 or other postal code: _____	Congressional District: _____ (if in U.S.)
Domestic Organizations: Federal Employer Identification Number (EIN): _____ Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: __/__/____ CAGE Code: _____ (Commercial and Government Entity)	International Organizations: NAIS Code: _____ (North American Industry Classification System) (NCAGE) Code: _____
Amount of Funding Requested: \$ _____	Cost Share provided by Subrecipient (if applicable) \$ _____
Does the Subrecipient have adequate experience receiving same or similar federal Awards?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Executive Compensation (complete when collaborating on a U.S. Federal project 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 question below:

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), 78(d) or section 6104 of the Internal Revenue Code of 1986?

If "No", the subrecipient will be required to provide the names and total compensation of its top 5 highest compensated officers before a subcontract will be issued by MSC.

SECTION E. CERTIFICATIONS-Check as Applicable

1. Facilities and Administrative Rates included in this contract have been calculated based on:

Our federally negotiated F&A rates for this type or work, or a reduced F&A rate that we hereby agree to accept. If checked please include a URL link to the rate agreement below:

- Other rates (please provide a description of the basis on which the rate has been calculated in Section G, Comments, below).
- No rate agreement; requesting 10% de minimis rate (for Federal proposals).

Not applicable-subrecipient is not requesting payment of F&A.

2. Fringe Benefit Rates included in this contract have been calculated based on:

Rates consistent with or lower than our Federally negotiated rates. If checked please include a URL link to this information below:

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

3. Human Subjects

Yes No Human Subjects will be involved in subrecipient's portion of the work.

If "Yes" provide your organization's Federalwide Assurance Number (FWA): _____
(If "Yes", provide a copy of the IACUC approval to the MSC PI as soon as possible. IACUC approval is required before a subagreement will be issued.)

4. Animal Subjects

Yes No Animal subjects will be involved in subrecipient's portion of the work.
(If "Yes", provide a copy of the IACUC approval to the MSC PI as soon as possible. IACUC approval is required before a subagreement will be issued.)

5. Responsible Conduct of Research (RCR) (NSF-Funded project only)

Yes No 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" Public Law 110-69-August 9, 2007.

Yes No My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

6. Lobbying (US Federal projects only)

Yes No My organization certifies 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. (If "No", attach an explanation.)

7. Conflict of Interest (applicable to PHS agencies including NIH and NSF or other sponsors who have adopted the PHS COI disclosure rule).

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 Institution's 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 MSC policy, located at <http://creced.rcm.upr.edu/wp-content/uploads/sites/9/2017/02/Cert-8-2012-2013.pdf>

Not applicable as project is not being funded by NIH, NSF, or other sponsor (including PHS sponsors) that has adopted Federal financial disclosure requirements.

Yes No Is there a potential or identified conflict of interest?

8. Debarment and Suspension

Yes No Is the PI or any other employee or student planning to participate on this project debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? (If "Yes", explain in Section G, *Comments*, below).

This Organization Certifies they: (*answer all questions*)

- are are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
- are are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity
- have have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or a 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 commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
- have have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

9. Fiscal Responsibility

This 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 expended and 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 provisions of contracts or grants;
- Complies with applicable laws and regulations;
- Can prepare appropriate financial statements, including the schedule of expenditure of Federal awards;
- There are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.
- The Subrecipient has an acceptable procurement system

SECTION F. AUDIT STATUS

Subrecipient **DOES** receive an annual audit in accordance with OMB Circular A-133.

Most recent fiscal year completed: FY _____

Yes No Were there any audit finding reported? (If "Yes", explain in Section G, *Comments*, below.)

A URL LINK TO A COMPLETE COPY MUST BE FURNISHED TO THE UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES CAMPUS:

Attachment

Subrecipient **DOES NOT** receive an annual audit in accordance with OMB Circular A-133.

Subrecipient is a:

Non-profit entity (under federal funding threshold)

Foreign entity

For-profit entity

Government entity

NOTE: If subrecipient does not receive an A-133 audit, MSC will require the entity to complete a Subrecipient Profile Questionnaire prior to the establishment of a subaward:

(<http://creced.rcm.upr.edu/wp-content/uploads/sites/9/2017/09/UPR-Subrecipient-Profile-Questionnaire.pdf>)

SECTION G. COMMENTS

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 award 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

(Address)

(Type or print name and title of Authorized Official)

(City, State, Zip)

(Name and EIN of Subrecipient Organization/Institution)

(Phone)

(FAX)

(Date)

(Email)