



The University of Vermont

**SPONSORED PROJECT ADMINISTRATION
Subrecipient Commitment & Audit Certification Form**

Complete this form when submitting a proposal to UVM. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized institutional representative to sign. Complete and accurate information facilitates quicker processing of a subaward.

UVM'S PD/PI: _____ UVM'S PROPOSAL #: _____

SUBRECIPIENT'S LEGAL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP +4: _____

DUNS No: _____ PARENT DUNS No: _____ EIN: _____

CONGRESSIONAL DISTRICT: _____ COUNTRY: _____

PROJECT TITLE: _____

SUBRECIPIENT'S PD/PI: _____

PI PHONE NO: _____ PI EMAIL ADDRESS: _____

PERIOD OF PERFORMANCE: START: _____ END: _____

TOTAL FUNDS REQUESTED: _____ COST SHARE COMMITMENT: _____

SECTION A: PROPOSAL DOCUMENTS

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

STATEMENT OF WORK (required)

BUDGET & JUSTIFICATION

(required) BIO SKETCHES OF KEY

PERSONNEL

SECTION B: CERTIFICATIONS

1. Facilities and Administration Rates included in this proposal have been calculated based on:

Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.

Rate being proposed:

Other rates (please specify the basis on which the rate has been calculated in Section C below, e.g., de minimis 10% rate)

Not applicable (no indirect cost request or cost share for subrecipient)

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

Rates consistent with or lower than our federally-negotiated rates

Link to rate agreement:

Other rates (please specify the basis on which the rate has been calculated in Section C Comments below)

Not applicable (no fringe benefit request or cost share for subrecipient)

3. Will Human Subjects be involved to complete the scope of work?

Yes

No



4. Will Animals Research Subjects be involved to complete the scope of work?

Yes No

5. Will Recombinant DNA Materials be involved to complete the scope of work?

Yes No

6. Financial Conflict of Interest in Research (Subrecipient Organizations/Institutions only need to certify when the prime award is from the Public Health Service [PHS] or other sponsor following PHS policy).

Review policy at http://grants.nih.gov/grants/policy/coi/

Subrecipient Organization/Institution hereby certifies that it has an active and enforced financial conflict of interest in research policy that complies 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 Institution's knowledge, (1) all financial disclosures have been 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 conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced financial conflict of interest in research policy and hereby agrees to abide by UVM's policy and related procedures. See http://www.uvm.edu/spa/?Page=conflictofinterest.html for the text of UVM's policy.

N/A – proposal or requested funds are not under a PHS award

7. Certification Regarding Debarment and Suspension Is the entity, PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities? Yes No (If "yes", explain in Section C, Comments, below.)

Subawards to any entity or individual included in the Federal excluded Parties are prohibited.

8. Registration Is the subrecipient currently registered in SAM (formerly CCR)? Yes No

9. Audit Did the subrecipient receive an annual Single Audit in compliance with OMB Uniform Guidance 2 CFR200, Subpart f? Yes No

If the subrecipient underwent the OMB Single Audit, indicate the fiscal year and provide link or attach current report.

Fiscal Year: Link:

Were there any findings in the most recent OMB Single Audit related to UVM issued subawards to your institution? Yes No

(If "yes", please provide an update on the status of the corrective action below.)

If the subrecipient did not undergo an OMB Single Audit, provide explanation why the Single Audit was not performed (e.g. below threshold, for-profit company, etc.) and attach the most recently completed audited financial statement including independent auditor's letter and managements corrective action on any findings. In addition, the financial status questions in Section 10 below must be completed.



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10. Financial Status Questions: *(Only required if subrecipient does not receive an annual OMB Single Audit.)*

Explain your institution's processes and procedures to ensure compliance with applicable federal guidelines, but not limited to, the following: *(Attach additional pages as needed.)*

A financial management system that provides records that can identify the source and application of funds for award supported activities including cost-sharing

Controls to prevent expenditures in excess of approved budget amounts

A Purchasing/Procurement policy creating standards in the procurement of supplies and other expandable property, equipment, real property and other services with federal funds

An inventorying system for equipment including data for federal government property that identifies purchase date, cost, vendor, description, serial number, locations and ultimate disposition

Record retention for a period of three years following the submission of the final financial and programmatic reports to the Prime Recipient

What internal controls does your institution have to ensure that all UVM sub-award related expenses are allowable within the Cost Principles of applicable Federal guidelines? This includes but is not limited to effort reporting and time management and appropriate travel policies and procedures.



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SECTION D: AUTHORIZED SIGNATURE

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 those policies should an award be made.

Any work begun and/or expenses 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:

Phone:

Email:

SECTION E: REVISIONS

This section is only to be completed to update information previously provided on the commitment form.

11. Audit: Has any of the information provided in item 9 (above) changed since the initial certification? Yes No

12. Additional Changes or comments since the initial certification

Signature of Subrecipient's Authorized Official

Date