



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

Complete and return this form, signed by an authorized official, when submitting a proposal to UVM. If registered in the FDP Expanded Clearinghouse you can either complete Section A and F or submit an authorized signed document including the equivalent information (UEI and EIN numbers must be included). Complete and accurate information facilitates processing of a subaward. Warning: Any work started and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

UVM PD/PI:

UVM PROPOSAL #:

SUBRECIPIENT LEGAL NAME:

ADDRESS:

CITY:

STATE:

ZIP +4:

UEI:

EIN:

CONGRESSIONAL DISTRICT:

COUNTRY:

PROJECT TITLE:

SUBRECIPIENT PD/PI:

PI EMAIL ADDRESS:

PERIOD OF PERFORMANCE: START:

END:

TOTAL FUNDS REQUESTED:

COST SHARE COMMITMENT:

**SECTION A: PROPOSAL DOCUMENTS**

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

STATEMENT OF WORK

BUDGET & JUSTIFICATION

BIO SKETCHES OF KEY PERSONNEL

CURRENT AND PENDING / OTHER SUPPORT FORMS

OTHER

**SECTION B: RESEARCH PROTECTIONS**

- |  |     |    |
|--|-----|----|
| 1. Will Human Subjects be involved to complete the scope of work?            | Yes | No |
| 2. Will Animals Research Subjects be involved to complete the scope of work? | Yes | No |



**SECTION C: CERTIFICATIONS**

**1. Facilities and Administration Rates(F&A)** included in this proposal have been calculated based on:

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

*Rate being proposed:*

*Link to rate agreement:*

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

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

**3. Financial Conflict of Interest in Research**

Subrecipient Organization/Institution hereby certifies that it has an active and enforced financial conflict of interest in research policy that complies with the sponsor’s requirements. Subrecipient also certifies that to the best of the Institution’s knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through the 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 the Subrecipient’s conflict of interest policy prior to the expenditure of any fund under any resultant agreement.

- DOE follows FAL 2022-02
- NASA follows GCAM Section 3.3
- NSF follows PAPPG Part II Chapter IX.A
- PHS follows the provision of 42 CFR Part 50 Subpart F

Subrecipient Organization/Institution will adopt and enforce a conflict of interest policy so as to become compliant with all sponsor requirements no later than at time of award of the research project to UVM. A sample model of compliant policy may be found on the [Federal Demonstration Partnership FCOI Website](#). At time of proposal Subrecipient Organization/ Institution also certifies that, to the best of its knowledge, all financial disclosure related to the activities that may be funded by or through a resulting agreement, as required by the sponsor have been made to UVM.

N/A – Prime sponsor does not require any FCOI requirements.

**4. 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 D, Comments, below.)

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



5. **SAM Registration** Is the subrecipient currently registered in System for Award Management (SAM)?

Yes No

6. **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 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 note the applicable page(s) in the audit report and 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 7 below must be completed.

7. **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. A financial management system that provides records that can identify the source and application of funds for award supported activities including cost-sharing:
  
- b. Controls to prevent expenditures in excess of approved budget amounts:
  
- c. A Purchasing/Procurement policy creating standards in the procurement of supplies and other expandable property, equipment, real property and other services with federal funds:



- d. An inventorying system for equipment including data for federal government property that identifies purchase date, cost, vendor, description, serial number, locations and ultimate disposition:
  
- e. Record retention for a period of three years following the submission of the final financial and programmatic reports to the Prime Recipient:
  
- f. 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:

**SECTION D: COMMENTS**

**SECTION E: ADDITIONAL CERTIFICATION FOR FOREIGN SUBRECIPIENTS**

If the Prime Awarding Sponsor is the National Institutes of Health, by signing below, the foreign subrecipient organization, agrees to abide by all requirements of the NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreements (NOT-OD-23-182), and will provide the UVM PI or other authorized representatives 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 no less than once per year 60 days prior to the end of a budget period, except for the final where such documents shall be due no later than 60 days after the subawards expiration date. Such access may be entirely electronic.

There are no exceptions to the NIH requirement. If the subrecipient is unwilling to accept the NIH requirements, the subrecipient may not participate in the NIH funded project.



**SECTION F: AUTHORIZED SIGNATURE**

**APPROVED FOR SUBRECIPIENT:** By signing below, the information, certifications and representations above have been read, understood and accepted 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.

Signature of Subrecipient's Authorized Official:

Date:

Name and Title of Authorized Official:

Email:

Phone:

**SECTION G: REVISIONS**

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

**1. Audit:** Has any of the information provided in Section C, item 6 (above) changed since the initial certification?

Yes

No

**2. Additional Changes** or comments since the initial certification

Signature of Subrecipient's Authorized Official:

Date: