

# SUBRECIPIENT COMMITMENT FORM

*Note: If your institution is a participant in the FDP Expanded Clearinghouse Pilot, you may elect to skip any questions that pertain to information posted on your institution's clearinghouse profile. See [http://sites.nationalacademies.org/PGA/fdp/PGA\\_171520](http://sites.nationalacademies.org/PGA/fdp/PGA_171520) for more information.*

All subrecipients must complete this form when applying for a subaward from the University of Hawai'i (UH).

SUBRECIPIENT'S LEGAL NAME: \_\_\_\_\_ SUBRECIPIENT'S PI NAME: \_\_\_\_\_

SUBAWARD AMOUNT: \_\_\_\_\_

UH PI NAME: \_\_\_\_\_ PRIME SPONSOR: \_\_\_\_\_

SUBMITTED PROPOSAL TITLE: \_\_\_\_\_

PERFORMANCE PERIOD BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

SUBAWARD SCOPE OF WORK (BRIEF SUMMARY)

## SECTION A – Classification & Eligibility

### 1. Subrecipient or Contractor

UH views a subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of a UH subrecipient are different from that of a contractor. The following chart outlines the general differences (refer to [2 CFR § 200.330](#) for additional criteria):

Subrecipient	Contractor
(a) Subrecipient's PI will take a significant role in programmatic decision making and assist the UH PI in achieving the project's goals and objectives.	(a) Provides routine goods and/or services to other customers or clients and/or
(b) Subrecipient will be subject to all of the compliance requirements from the prime award that are pertinent to the subrecipient (i.e. human / animal subjects, biological safety, conflicts of interest).	(b) Provides goods or services developed according to the specifications of the UH PI and/or
(c) Subrecipient will be expected to provide a complete copy of its most recent audit report or the URL link to a complete copy, before a subagreement can be established.	(c) Provides personnel services that are primarily advisory in nature and/or
	(d) Provides other ancillary services related to the sponsored project per the instructions of the UH PI.

**Yes**            **No**    My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

**If "No", please contact the UH PI about procuring your organization's products and services as a contractor.**

### 2. Debarment, Suspension, Proposed Debarment

(a) Is the subrecipient's **PI, any other employee, or student** participating in the project debarred, suspended or otherwise excluded from or ineligible to participate in federal assistance programs or activities?

**Yes** (If "Yes", explain in Section E, p.3)            **No**

(b) The subrecipient certifies to the best of its knowledge and belief, they:

(i)    are                    are not                    presently debarred, suspended, proposed for debarment, or declared ineligible for award by any federal agency.

(ii)   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 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.

(iii) are are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (ii) above.

(iv) has has not within a three (3) year period preceding this offer, had one or more contracts terminated for default by any federal agency.

## SECTION B – Budget Information

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

An F&A rate of \_\_\_\_\_% is being applied to this subaward. This rate is:

Subrecipient’s federally negotiated F&A rate. Please provide a copy of the F&A agreement or furnish a URL link

\_\_\_\_\_.

A de minimis rate because Subrecipient does not have a federally negotiated F&A rate.

A reduced rate designated by Subrecipient.

A sponsor-imposed cap or reduced rate.

Subrecipient voluntarily waives its right to indirect costs.

### 2. Fringe-Benefit (FB) Rates included in this proposal have been calculated based on the following:

Rates is consistent with or lower than our federally negotiated rates

*(If this box is checked, please attach a copy of your FB rate agreement or furnish a URL link to the agreement)*

\_\_\_\_\_

Based on actual rates or other rates *(Please specify the basis on which the rate has been calculated in Section E, p.4)*

Not applicable *(no fringe benefits included)*

### 3. Cost Sharing        yes        no        Amount: \_\_\_\_\_

If “yes,” cost sharing amounts and justification must be included in the subrecipient’s budget.

## SECTION C – Regulatory Requirements

### 1. Human Subjects        yes        no        If ‘Yes’, please provide Institutional Federalwide Assurance number (FWA).

If Institution does not have an FWA, IRB protocol must be provided to the UH PI

### 2. Animal Subjects        yes        no        If ‘Yes’, please provide IACUC Assurance Number (IAN).

If Institution does not have an IAN, IACUC protocol must be provided to the UH PI.

### 3. Biological Safety        yes        no        If ‘Yes’, IBC protocol must be provided to the UH PI.

### 4. Conflict of Interest - COI (applicable to PHS, NSF, or any other sponsor that has adopted federal financial disclosure requirements)

Not applicable because this project is not being funded by PHS, NSF, or any other sponsor adopting financial disclosure requirements.

NSF Funding: *(Check one of the boxes below)*

Subrecipient certifies that it has an active and enforced COI policy that is consistent with NSF’s Proposal & Award Policies & Procedures Guide (PAPPG)

Subrecipient does NOT have an active and enforced COI policy compliant with NSF’s PAPPG and agrees to:

- abide by UH’s COI policy ([UH Executive Policy EP12.214 Conflicts of Interest and Commitment](#)), and
- submit the ORS FCOI-Non-UH Employee disclosure form with this form. ([Non-UH employee disclosure form](#))

PHS/Other Funding: *(Check one of the boxes below)*

Subrecipient certifies that it has an active and enforced COI policy consistent with the provision of 42 CFR Part 50, Subpart F, “*Responsibility of Applicants for Promoting Objectivity in Research.*” Subrecipient also certifies that, (1) all financial disclosures have been made related to activities that may be funded by or through a resulting agreement; (2) all identified COI have or will be satisfactorily managed, reduced, or eliminated in accordance with subrecipient’s COI policy prior to expenditure of any funds under any resulting agreement; and (3) all identified conflicts and associated management plans will be reported to UH’s Office of Research Compliance ([coi@hawaii.edu](mailto:coi@hawaii.edu)), within 15 days of identification.

Subrecipient does NOT have an active and enforced COI policy compliant with 42 CFR Part 50, Subpart F and agrees to:

- abide by UH’s COI policy ([UH Executive Policy EP12.214 Conflicts of Interest and Commitment](#)), and

- have **all subrecipient's Investigators and Key Personnel** submit the ORS FCOI-Non-UH Employee disclosure form **with** this form. ([Non-UH employee disclosure form](#))

**5. Responsible Conduct of Research (RCR)** (*Check one of the boxes below*)

Not applicable because this project is not being funded by NSF, NIH or USDA-NIFA or any other sponsor that has RCR requirements. Subrecipient certifies that it maintains an Institutional Plan that meets the sponsor's requirements for RCR training.

Subrecipient does NOT have an Institutional RCR training plan and agrees to abide by UH's Institutional RCR training plan.

([UH RCR Institutional Plan](#))

**6. Export Control** (*Check one of the boxes below*)

Does this project involve export controlled items (e.g., data, information, technology) that will be created or shared by the subrecipient?

**Yes** If 'Yes', refer to UH's [Office of Export Controls](#) for policy/information and attach all required forms.

**No**

**7. Research Misconduct** (*Check one of the boxes below*)

Not applicable because this project is not being funded by Public Health Services (PHS).

Subrecipient certifies that it has an established, written and enforced policy on research misconduct/research integrity that is consistent with 42 CFR 93.

Subrecipient does not have an established, written and enforced policy on research misconduct/research integrity that is consistent with 42 CFR 93, and agrees to abide by UH's Executive Policy 12.211 [Policy for Responding to Allegations of Research and Scholarly Misconduct](#).

**8. State of Hawaii Tax Clearance (check applicable box)**

Subrecipient has provided, or will provide prior to execution of the subaward by UH, a current tax clearance from the State of Hawaii Director of Taxation and United States Internal Revenue Service as required by Hawaii law (Hawaii Revised Statutes (HRS) §103-53(c)). Tax clearances are only valid for six months from date of issue.

Subrecipient is not required to provide UH with a tax clearance because the total amount of the subaward is less than \$25,000 (HRS §103-53(e) (1)).

Subrecipient is not required to provide a tax clearance to UH because subrecipient is a government agency (HRS §103-53(e) (5)).

Subrecipient is not registered with the Hawaii Compliance Express (<https://vendors.ehawaii.gov/>) and does not have a current Certificate of Vendor Compliance.

**NOTE: Subrecipients who fail to obtain their tax clearance in a timely manner may have payments delayed. Any work performed prior to receipt of a tax clearance is at subrecipient's own risk.**

**SECTION D – Audit & Financial Information**

1. Does the subrecipient receive an annual audit in accordance with 2 CFR 200 Subpart F/OMB Circular A-133?

Yes – Attach a copy of the most recent single audit report or provide the URL link to a complete copy:

(a) Has the audit been completed for the most recent fiscal year?

**Yes** – FY ended: \_\_\_\_\_

**No** – FY ended: \_\_\_\_\_ audit will be completed by: \_\_\_\_\_ .

(b) Were any findings reported that could impact this subaward? **Yes** - Explain in Section E, p.4.

**No**

No – Complete and attach the UH Questionnaire (S-2) [Subrecipient Questionnaire](#).

(a) Attach a copy of or URL link to any other financial audit most recently received: \_\_\_\_\_

2. Fiscal Responsibility

The subrecipient certifies the following

its financial system is in accordance with generally accepted accounting principles;

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 provision of contracts or grants;

complies with applicable laws and regulations;

prepares appropriate financial statements, including the schedule of expenditures of federal awards (if applicable);

besides single audit findings, there are no other outstanding audit findings which would impact this subaward. If there are findings, submit a copy of the most recent report that describes the finding(s) and steps to be taken to correct the finding(s).

3. Subrecipient certifies that during the most recent fiscal year:

It has not been cited for noncompliance either as a subrecipient of another organization or as a direct recipient of federal funds.

Project personnel and / or systems have not undergone significant changes.

**SECTION E – Comments**

Attach additional pages if necessary.

**APPROVED FOR SUBRECIPIENT**

The information, certifications, and representations above have been read, signed, and made by an authorized official of the subrecipient named herein. **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)

(Address)

(Type or print name and title of Authorized Official)

(City, State, Zip)

(Name of Subrecipient's Organization/Institution)

(Phone)

(Fax)

(Federal Employer Identification Number (EIN))

(DUNS or DUNS +4 number)

(Date)

(Email)

