

UNIVERSITY OF NEW ORLEANS OFFICE OF RESEARCH

Subrecipient Commitment Form

If your institution is participating in the FDP Clearinghouse Pilot, complete sections A and C only. If your institution is not participating in the FDP Clearinghouse Pilot, complete all sections. This form must be approved and signed by your organization's Authorized Organizational Representative (AOR). Please ensure all applicable documents (Statement of Work, Budget, etc.) are included with the request.

SECTION A: PROJECT INFORMATION

Legal Name: _____ PI: _____
Central Email: _____ Admin Contact Email: _____
Direct Costs: \$ _____ F&A Costs: \$ _____ Total Costs: \$ _____
Project Title: _____
Period of Performance: _____ to _____

Subrecipients Research Includes (check as applicable): [] Human Subjects [] Animals [] Biosafety [] None

If applicable, does your organization certify that it will follow the NIH single IRB plan developed for this project?
[] Yes [] No

SECTION B: SUBRECIPIENT'S INSTITUTIONAL INFORMATION

DUNS #: _____ EIN: _____ Congressional District: _____

- 1. [] Yes [] No [] N/A Is your organization or PI and/or employees on this project presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in Uniform Guidance?
2. [] Yes [] No [] N/A If application is to a federal or federal pass-through sponsor, have any lobbying activities been or will any be conducted regarding this proposal?
3. [] Yes [] No [] N/A If applicable, does your organization certify that it currently has a PHS-compliant Financial Conflict of Interest (FCOI) policy and a PHS Financial Disclosure for each of the Subrecipient's key personnel?
4. [] Yes [] No [] N/A Are you attaching a letter of commitment?
5. [] Yes [] No Does your organization have a federally negotiated F&A rate? If yes, please provide a copy of your F&A rate agreement.
6. [] Yes [] No Does your organization have a payroll benefits rate? If yes, please provide documentation to support this rate.
7. [] Yes [] No Does your organization receive a single audit in accordance with Uniform Guidance §200.514 (formerly A-133)? If no, please provide a contact and email address below.

Name: _____ Email: _____

SECTION C: SUBRECIPIENT'S AUTHORIZED OFFICIAL REPRESENTATIVE (AOR) APPROVAL

I certify that the information provided is true and correct. I am the authorized official representative (AOR) of the subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization's own risk. The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

Subrecipient's Authorized Official

Date

Name (Printed)