Subrecipient Commitment Form

SECTION A: Proposal Information

UMaine Principal Investigator: ____________________________
Submitted Proposal Title: ________________________________
Prime Sponsor: _________________________________________
Performance Period: Begin Date: __________ End Date: _______

SECTION B: Subrecipient Requirements & Responsibilities

Dear Potential Subrecipient,

Any organization planning to enter into a collaborative subrecipient relationship with the University of Maine must complete this form at the proposal stage. Federal government rules require that the University of Maine determine if your organization’s role in the above mentioned project will be that of a true subrecipient (as opposed to a ‘vendor’). The table below illustrates the differences between these two roles, as described in OMB Circular A-133. Please review the table and select all that apply to your organization to help determine if a formal subrecipient partnership can be established between your organization and UMaine.

<table>
<thead>
<tr>
<th>Subrecipients</th>
<th>Suppliers/Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Subrecipients have performance measured against whether the objectives of the sponsored project are met</td>
<td>☐ Vendors provide goods and services within normal business operations</td>
</tr>
<tr>
<td>☐ Subrecipients have responsibility for programmatic decision making</td>
<td>☐ Vendors provide similar goods or services to many different purchasers</td>
</tr>
<tr>
<td>☐ Subrecipients are subject to all of the compliance requirements from the prime award that are pertinent to the subrecipient, e.g. effort reporting on federal awards</td>
<td>☐ Vendors operate in a competitive environment</td>
</tr>
<tr>
<td>☐ Subrecipients use the sponsored funds to carry out a program, as compared to providing goods or services for a program of the University of Maine.</td>
<td>☐ Vendors provide goods or services that are ancillary to the operation of the sponsored project</td>
</tr>
<tr>
<td>☐ Vendors are not subject to compliance requirements of the sponsored project</td>
<td>☐ Vendors are not subject to compliance requirements of the sponsored project</td>
</tr>
</tbody>
</table>

Note: Subrecipient will be expected to provide a complete copy of the subrecipient’s most recent audit report, or the URL link to a complete copy, before a subagreement can be established.

☐ 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" or unsure, please contact the UMaine Project Director BEFORE completing the remainder of the form

Revised 4/24/14
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SECTION C – Subrecipient Information

Subrecipient Legal Name:

Subrecipient DBA Name: ____________________________

Subrecipient Address: ____________________________ Congressional District: ____________________________

Performance Site Address: ____________________________ Performance Site Congressional District: ____________________________

DUNS Number: ____________________________ Federal Employer Identification Number (EIN): ____________________________

Registered in System for Award Management (SAM)? Yes ☐ No ☐ Expiration Date: ____________________________

*If ‘No’, subrecipient will need to be registered before a subaward will be issued.

North American Industry Classification System (NAICS) Code: ____________________________

Subrecipient’s Principal Investigator: ____________________________

Amount of Funding Requested by Subrecipient: ____________________________

Cost Sharing Provided by Subrecipient (if applicable): ____________________________

Cost sharing amounts and justification must be included in the subrecipient’s budget.

SECTION D – Proposal Documents - REQUIRED

☐ Statement of Work
☐ Budget & Budget Justification
☐ Subrecipient Commitment Form, completed and signed by subrecipient’s authorized official
☐ Subrecipient Contacts Form
☐ Project Description (Applicable if project is federally funded.)
☐ Letter of Commitment, signed by subrecipient’s authorized official
☐ Other: ____________________________

SECTION E – Special Review and Certifications

1. Facilities and Administrative (F&A) 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.

(If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be provided.)

URL: ____________________________

☐ Other rates (Please specify the basis on which the rate has been calculated in Section G Comments below.)

Not applicable (No F&A request for subrecipient.)

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

☐ Rates consistent with or lower than our federally negotiated rates.

(If this box is checked, a copy of your FB rate agreement or a URL link to the agreement must be provided.)

URL: ____________________________

☐ Other rates (Please specify the basis on which the rate has been calculated in Section G Comments below.)
3. **Subrecipient Business Status (Check one):**

- [ ] Large Business
- [ ] Small Business
- [ ] Institution of Higher Education
- [ ] Historic Black College or University/Minority Institution
- [ ] Other

If a small business, identify business classification (*Certified by the Small Business Administration):

- [ ] Small Disadvantaged Business (SDB)* (8a)*
- [ ] Women-owned small business (WOSB)
- [ ] Veteran-owned small business (VOSB)
- [ ] Service-disabled veteran-owned business (SDVOSB)
- [ ] HUBZone small business*

4. **Conflict of Interest (Check one):**

- [ ] Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent 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 resulting agreement.

- [ ] Subrecipient does not have an active and/or enforced conflict of interest policy as described above, and hereby agrees to abide by UMaine’s policy, available at: [http://www.pars.umesp.maine.edu/ORAWeb/Policies/ConflictofInterestPolicy.pdf](http://www.pars.umesp.maine.edu/ORAWeb/Policies/ConflictofInterestPolicy.pdf)

5. **Debarment, Suspension, Proposed Debarment:**

Is the PI or any other employee or student participating in 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.) □ Yes □ No

The Organization Certifies they (answer all questions below):

- [ ] 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 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.

6. **Fiscal Responsibility (Check each box that applies):**

The organization certifies that its financial system is in accordance with generally accepted accounting principles (GAAP) 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 provision of contracts or grants;

- [ ] complies with applicable laws and regulations;

- [ ] can prepare appropriate financial statements, including the schedule of expenditures 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.
7. Research Subject Compliance Information (Check as applicable):

☐ Yes ☐ No  Human Subjects will be involved in the subrecipient's portion of this project.
   If "Yes," please provide your organization's OHRP approved FWA #: ________________

☐ Yes ☐ No  Animal Subjects will be involved in the subrecipient's portion of this project.
   If "Yes," please provide your organization's Animal Welfare Assurance #: ________________

8. Responsible Conduct of Research (RCR) [For NSF, PHS, & USDA-NIFA funded projects]:

The Organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the
Responsible Conduct of Research, as required under Section 7009 of the "America COMPETES ACT" PUBLIC
LAW 110-69-August 9, 2007 and Public Health Service (PHS).

Subrecipient organization hereby certifies that it will ensure that all undergraduates, graduate students, and
postdoctoral researchers who will be supported by the project will be trained in the responsible and ethical
conduct of research, as applicable.

Subrecipient organization hereby certifies that it will ensure that all program directors, faculty, undergraduate
students, graduate students, postdoctoral researchers, and any staff participating in the research project will be
trained in the responsible and ethical conduct of research, as required per USDA-NIFA terms & conditions.

9. Lobbying (for U.S. federal projects only):

In the event funds allotted under this proposal are expected to exceed $100,000, the Organization
☐ Yes ☐ No certifies that it is in compliance with the requirements of Section 1352, Title 31, U.S. Code, that limits
the use of appropriated funds to influence certain Federal contracting and financial transactions.

SECTION F - Audit

1. a. Does the subrecipient receive an annual audit in accordance with OMB Circular A-133? 
   ☐ Yes ☐ No
   b. If "Yes", has the audit been completed for the most recent fiscal year?
   ☐ Yes ☐ No
   c. If "No", when is it expected to be completed (MM/DD/YYYY)? __________

2. Were there any audit findings reported? (if "Yes", explain in Section G Comments below)
   ☐ Yes ☐ No

   Note: A complete copy of subrecipient’s most recent report, or the URL link to the complete copy must be
   provided to UMaine before a subaward will be issued.

   URL ________________

3. If "No" to question (1.a.), does the subrecipient receive overall federal funding of at least $500,000 per year?
   ☐ Yes ☐ No If "No", skip 4.

4. Subrecipient is a:
   ☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate
   ☐ For-profit entity that does not expend Federal funds or have annual audits
   ☐ Foreign entity
   ☐ Non-profit (under federal funding threshold)
   ☐ Government entity

5. On what month and day does the subrecipient’s fiscal yearend? __________

   Note: If subrecipient does not receive an A-133 audit, UMaine will require the entity to provide a copy of its most
   recent financial statement or audit report.
Executive Compensation:

Provide the names and total compensation of the five (5) most highly compensated officers of the subrecipient entity if:

- a. The recipient in its preceding fiscal year received:
  - i. 80 percent or more of its annual gross revenues in Federals awards; AND
  - ii. $25,000,000 or more in annual revenues from the Federal awards; AND

- b. The public does NOT have access to information about the compensation of the senior executives of the entity through periodic reports filed under sections 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 Service Code of 1986 [26 USC 6104]

If “Yes” to a & b: Attach list
If “No” to a & b: check this box □

Note: “Total compensation” means the cash and noncash dollar value earned by the executive during the subrecipient’s past fiscal year of the following [for more information see 17 CFR 229.402 Ch. II].

1. Salary and Bonus
2. Award of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R.
3. Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
4. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
5. Above-market earning of deferred compensation which are not tax-qualified
6. Other compensation. For example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites of property if the values for the executive exceed $10,000.
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. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient’s own risk. No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

__________________________________________
(Signature of Subrecipient’s Authorized Official)  (Date)

______________________________
(Name of Subrecipient’s Authorized Official)

______________________________
(Title of Subrecipient’s Authorized Official)

______________________________
(Phone)

______________________________
(Email)

______________________________
(Name of Subrecipient’s Organization/Institution)

______________________________
(Fax)

If Subrecipient is owned or controlled by a parent entity, please provide the following information:

Parent Entity
Legal Name

______________________________
(Phone)

Parent Entity Address:

______________________________
(Employee)

Parent Entity Congressional District:

______________________________
Parent Entity DUNS:

______________________________
Parent Entity EIN:
## Administrative Contact:

Name: ____________________________  
Title: ____________________________  
Address: ____________________________  
Address: ____________________________  
Address: ____________________________  
City: __________ State: ________ Zip: __________  
Telephone: ______________  
Fax: ______________  
Email: ____________________________

## Principal Investigator:

Name: ____________________________  
Title: ____________________________  
Address: ____________________________  
Address: ____________________________  
Address: ____________________________  
City: __________ State: ________ Zip: __________  
Telephone: ______________  
Fax: ______________  
Email: ____________________________

## Financial Contact:

Name: ____________________________  
Title: ____________________________  
Address: ____________________________  
Address: ____________________________  
Address: ____________________________  
City: __________ State: ________ Zip: __________  
Telephone: ______________  
Fax: ______________  
Email: ____________________________

## Authorized Official:

Name: ____________________________  
Title: ____________________________  
Address: ____________________________  
Address: ____________________________  
Address: ____________________________  
City: __________ State: ________ Zip: __________  
Telephone: ______________  
Fax: ______________  
Email: ____________________________