



**Office of Research Administration  
Subrecipient Commitment Form**

The University of Maine System (UMS), Office of Research Administration (ORA) requires completion of the *Subrecipient Commitment Form* for all proposed subrecipients prior to proposal submission to the prime sponsor for risk assessment purposes. This form will be considered valid for one year from the date of signature by your organization’s Authorized Official. In the event of material changes related to the information and certifications provided, please notify the Office of Research Administration within 30 days by sending an email to [umsubawards@maine.edu](mailto:umsubawards@maine.edu).

Subaward agreements cannot be fully executed without a complete, signed, and up-to-date form. Please download and complete the fillable PDF form and attach all required proposal documents directly to this PDF file.

INSTITUTION/ENTITY			
Legal Name and Address as registered in SAM.gov:	Place of Performance: Same as Legal Address		
Zip+4:	Zip+4:		
Congressional District:	Congressional District:		
UEI Number:	Entity Primary Email:		
Federal Employee Identification Number (EIN):	Subrecipient Principal Investigator/Director:		
Registered in SAM? <b>YES</b> <b>NO</b> <i>Subrecipient must have a current SAM registration and maintain their current information in SAM throughout the life of the Subaward.</i> <b>Current Expiration date:</b>	Email: Telephone:		
Type of Organization:  U.S. Non-Profit/University U.S. For-Profit Government Agency Non-U.S. Non-Profit/University Non-U.S. For-Profit Other: _____	Proposed Period of Performance Start Date:		
	Proposed Period of Performance End Date:		
	Amount Requested:		
	Amount Cost Sharing:		
UMS PROPOSAL INFORMATION			
Prime Sponsor:	UMS Principal Investigator/Director:		
Project Title:	Email: Telephone:		
UMS PROPOSAL COMPONENTS			
Scope of Work	Detailed Budget	Budget Justification	Signed Letter of Commitment (if applicable)
Other _____			
Other _____			

**SUBRECIPIENT CLASSIFICATION**

The requirements and responsibilities of UMS Subrecipients are different from those of a vendor/contractor as described in [2 CFR 200.331-333](#) Subrecipient and Contractor determinations:

**Subrecipient:**

- Responsible for significant programmatic decision-making
- Responsible for adherence to applicable sponsor program compliance
- Uses sponsor funds to carry out a Scope of Work for UMS
- Statement of work may result in intellectual property or publishable results

**Contractor:**

- Provides goods and services within normal business operations
- Provides similar goods or services to other customers
- Provides goods or services that are ancillary to the operation of the sponsored project
- Is not subject to the requirements of the sponsored project

**For Profit/Commercial Entities Only:**

*NOTE: Vendors are not subject to many of the flow-down provisions required of subawards, e.g., effort reporting under a federal award. It is therefore important that the work provided by any for-profit/commercial subrecipient be classified appropriately. Please respond to the following.*

**YES NO** The goods and/or services we will provide under this transaction will be comparable to the goods and/or services we provide to many different customers during the course of our normal business operations. If "no" please describe below how these services and/or goods will differ from those offered to other customers. (Attach additional pages if necessary.)

**YES NO** The goods and/or services we will provide under this transaction will be supplementary to the operation of the sponsored program, and we will not be responsible for programmatic decision making. If "no" please describe how your company's goods and/or services will contribute to the objectives of the program, how your company's performance will be measured against these objectives and provide the names of your company's representatives who will be responsible for making programmatic decisions. (Attach additional pages if necessary.)

Our organization is properly categorized as a subrecipient based on our scope of work. If "No" please contact the UMS PI about procuring your organization's products and services as a vendor/contractor. **YES NO**

**COMPLIANCE**

Our Scope of Work includes:

*NOTE: Subrecipient's IRB and/or IACUC approval must be provided before a Subaward can be fully executed.*

- Human Subjects – Approval Date \_\_\_\_\_ / Pending  
If Pending, the appropriate protocols have been submitted: **YES NO**
- Animal Subjects – Approval Date \_\_\_\_\_ / Pending  
If Pending, the appropriate protocols have been submitted: **YES NO**
- No Human or Animal Subjects are involved.

**FINANCIAL INFORMATION**

**Facilities and Administrative Rate** – Our federally negotiated F&A rate agreement is:

Attached

Available through the FDP Clearinghouse

Available at: \_\_\_\_\_

We do not have a federally negotiated indirect rate BUT have applied 10% de minimus rate (allowable only if Subrecipient does not have a federally negotiated rate)

We previously had a federally negotiated rate (expired) and will apply for an extension. Expired on: \_\_\_\_\_

We have applied other rates as required by the prime sponsor policies/guidelines.

Not applicable – Subrecipient is not requesting payment of indirect costs.

**Fringe Benefit Rates**

We have applied rates consistent with or lower than our federally negotiated rates. Our negotiated rate agreement is:  
Attached

Available through the FDP Clearinghouse

Available at: \_\_\_\_\_

We do not have a federally negotiated rate and have applied actual fringe benefits. In the box provided we have specified the benefit categories and calculation or have included an attachment.

**Profit or Fees**

*NOTE: most federal sponsors do NOT allow profit or fees on a federally funded sponsored project.*

Does your proposed budget include profit or fees:      **YES**      **NO**

**CERTIFICATIONS**

**Conflict of Interest (COI) – select one:**

Subrecipient Organization/Institution certifies that it **does have:** 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 Organization/Institution **does not have** a compliant COI policy and therefore will abide by UMaine’s policy, available at: <https://umaine.edu/research-compliance/financial-conflict-of-interest/>. Each “investigator” listed on the proposal must:

- Complete the required Conflict of Interest training in CITI by following directions under Procedures- <https://umaine.edu/research-compliance/financial-conflict-of-interest/policy-procedures/>
- Complete the Investigator Financial Conflict of Interest Certification <https://umaine.edu/research-compliance/resource/investigator-fcoi-certification/> and has attached hereto.
- If necessary (i.e. if investigator determines s/he has a Significant Financial Interest related to the proposed activity), complete and submit a signed Significant Financial Interest Disclosure Form. <https://umaine.edu/research-compliance/resource/sfcoi-disclosure-form/>

**Conflict of Interest training is required by each investigator prior to engaging in any research related to any contract/grant.**

**Debarment and Suspension – answer each question:**

- Subrecipient, the PI, or any other employee or student participating in this project      **ARE**      **ARE NOT**  
debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contracts, or activities.
- Subrecipient, the PI, or any other employee or student participating in the project      **ARE**      **ARE NOT**  
presently indicted for, or otherwise criminally or civilly charged by, a government entity.
- Subrecipient      **HAS**      **HAS 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.

- Subrecipient **HAS HAS NOT** within three (3) years preceding this offer, had any contract terminated for default by any federal agency. If affirmative, explain below:

**Responsible Conduct of Research (RCR)** - For NSF, NIH, & USDA-NIFA funded projects. Check all that apply.

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) under National Health Institute (NIH) guidance.

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.

Not Applicable

**Lobbying**

By signing this Subrecipient Commitment Form the Authorized Official of the subrecipient certifies for the organization that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. See Section 1352, Title 31, U.S. Code. If “No,” explain below:

**Safe and Inclusive Working Environments for Off-Campus or Off-Site Research** – Applicable to NSF only.

Does the scope of work proposed by the subrecipient involve conducting research activities [off-campus or off-site](#)? NSF has described off-campus or off-site as data/information/samples being collected off-campus or off-site, such as fieldwork and research activities on vessels and aircraft.

**YES NO** If yes, by signing this Subrecipient Commitment Form the Authorized Official of the subrecipient certifies that the organization has a plan in place for this proposal, which is compliant with the NSF PAPPG.

**AUDIT STATUS**

Does your organization receive an annual audit in accordance with Uniform Guidance [2 CFR 200.514](#)? **YES NO**  
If yes:

What is the end date (MM/DD/YYYY) of the most recently completed audit? \_\_\_\_\_

Please provide a link to the most recent completed audit: \_\_\_\_\_

Attached

Available through the FDP Clearinghouse

Were there any findings or exceptions noted under the most recently completed audit? **YES NO**

If “YES”, explain:

If your organization does not receive an annual audit in accordance with Uniform Guidance, please indicate why your organization is not subject to 2 CFR 200.514 audit requirements below. Additionally, you will need to provide a copy of the organization's most recent financial statement or other audit report as well as complete an **audit questionnaire** prior to the establishment of a subaward agreement.

My organization is a foreign entity.

My organization is a for-profit entity.

My organization is a U.S. government entity.

My organization expends less than \$750,000 during the fiscal year in federal awards.

**SUBRECIPIENT CONTACTS**

Administrative Contact Name:	
Email:	
Telephone Number:	
Financial Contact Name:	
Email:	
Telephone Number:	
Authorized Official Name:	
Email:	
Telephone Number:	

**HIGHEST COMPENSATED OFFICERS**

Exempt from reporting executive compensation:     **YES**     **NO** - *If no, complete information below*  
**Highest Compensated Officers** The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(d), 78o(d) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1). Internal Revenue Code of 1986.

Officer 1 Name:	
Officer 1 Compensation:	
Officer 2 Name:	
Officer 2 Compensation:	
Officer 3 Name:	
Officer 3 Compensation:	
Officer 4 Name:	
Officer 4 Compensation:	
Officer 5 Name:	
Officer 5 Compensation:	

**APPROVAL BY AUTHORIZED INSTITUTIONAL OFFICIAL**

The enclosed information, certifications, and representations above have been read, signed, and made by an authorized official of the Subrecipient named below.

**The appropriate programmatic and administrative personnel involved in this application are aware of agency policy regarding subawards.**

**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.**

**The Subrecipient has reviewed the solicitation or funding announcement (if applicable) to verify Subrecipient ability to comply with prime sponsor’s requirements.**

**Signature of Authorized Institutional Official Date**

**Name and Title of Authorized Official:**

<b>UMS OFFICE OF RESEARCH ADMINISTRATION USE ONLY</b>	
Submission Number:	
Proposal Deadline:	
Approved as a Subrecipient:	
Date Approved:	
Date of Receipt:	
UMS/ORI Initials:	

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