

SUBRECIPIENT COMMITMENT FORM

Please have this form completed by someone who (a) is knowledgeable about your organization's business processes and (b) possesses information on the scope of work to be carried out by your organization's Principal Investigator/Project Director. The form must be approved and signed by your organization's Authorized Organizational Representative (AOR). This is the individual who has the authority to legally bind your organization in grants administration matters. Guidance on how to complete this form is found at https://spo.berkeley.edu/forms/subaward/subrecipient_instructions.html.

Do not use this form if your organization is an FDP Expanded Clearinghouse participant. See the guidance and alternate form at https://spo.berkeley.edu/forms/subaward/subrecipient_instructions.html.

SECTION A: UCB Proposal Information – To be completed by the UCB PI (or delegate) prior to submission to SPO.

Name of UC Berkeley PI: _____ Phoebe Proposal #: _____

Title of Proposal: _____

Name of Subrecipient: _____

Program Announcement/RFP URL: _____

Proposed Subrecipient Period of Performance: From: _____ To: _____

SECTION B: Subrecipient Eligibility – To be completed by the Subrecipient prior to submission to SPO

1. ☐ Yes ☐ No Is your organization 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 [OMB Circular A-129](#)?
2. ☐ Yes ☐ No Is your Principal Investigator (PI) (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
3. ☐ Yes ☐ No Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
4. ☐ Yes ☐ No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

★ **Attach** an explanation for any "Yes" answer to questions 1-4 above.

SECTION C: Subrecipient Information – To be completed by the Subrecipient prior to submission to SPO.

Legal Name:	
Unique Entity Identifier (UEI): (Available through SAM.gov).	
Subrecipient Organization Type: <input type="checkbox"/> University <input type="checkbox"/> Other Non-profit <input type="checkbox"/> Industry/For-profit <input type="checkbox"/> Other:	
Name of Subrecipient's Principal Investigator/Project Director: (Required) Phone:	
Email:	
Amount of Funding Requested:	Amount of Cost-Sharing Committed: <input type="checkbox"/> N/A
Organization's Address: (Include ZIP +4 or other postal code) Congressional District: (if in U.S.)	
Performance Site's Address: (if different from above) (Include ZIP +4 or other postal code) Performance Site Congressional District: (if different from above and in U.S.)	
Registered in SAM (SAM.gov)? <input type="checkbox"/> Yes <input type="checkbox"/> No SAM Expiration Date:	
Domestic Organizations: Federal Employer Identification Number (EIN): CAGE Code: (Commercial and Government Entity)	International Organizations: NAIS Code: (North American Industry Classification System) (NCAGE) Code:

SECTION D: Certifications – To be completed by the Subrecipient prior to submission to SPO.

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on: (check as applicable)
 - ☐ Our federally negotiated F&A rates for this type of work. (★ **Attach** a copy of your F&A rate agreement or provide a link.) URL: _____
 - ☐ 15% MTDC De Minimis F&A rate per [2 CFR 200](#) (Federal only: See form instructions.)
 - ☐ Other rates (★ **Attach** a description of the basis on which the rate has been calculated.)
 - ☐ Not applicable (my organization is not requesting payment of F&A costs.)

SUBRECIPIENT COMMITMENT FORM**2. Fringe Benefit Rates** included in this proposal have been calculated based on: (check as applicable)

- ☐ Federally negotiated rates. (★ **Attach** a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a link to this information.)

URL: _____

- ☐ Other rates (★ **Attach** a description of the basis on which the rates have been calculated)

3. Research Subject Compliance Information: (check as applicable)

- ☐ **Yes** ☐ **No** Does the work include Embryonic Stem Cells?

- ☐ **Yes** ☐ **No** Will Human Subjects be involved in your organization's portion of this project?

If "Yes," provide your organization's [Federal Wide Assurance Number](#): _____

- ☐ **Yes** ☐ **No** Will Animal Subjects be involved in your organization's portion of this project?

If yes, please provide an [OLAW-approved Animal Welfare Assurance Number](#): _____

4. Conflict of Interest: (only for U.S. Federal Projects)

[NASA, NSF, and sponsors that have adopted NSF's COI policy, or other federal sponsors](#) with financial disclosure requirements: (check as applicable)

- ☐ My organization certifies that it **does have** an active and enforced conflict of interest policy that is consistent with the applicable fund source: National Aeronautics and Space Administration or the National Science Foundation. My organization also certifies that, to the best of its knowledge, all financial disclosures related to the activities that may be funded by or through a resulting agreement were made in accordance with its conflict of interest policy before its proposal was submitted to University of California, Berkeley.

- ☐ My organization certifies that it **does not currently have** an active and enforced conflict of interest policy consistent with the provisions of the applicable fund source, National Aeronautics and Space Administration or the National Science Foundation, and understands that a subaward cannot be issued to my organization until such a policy is in place. Note: **If checked, you must respond to the following:**

- ☐ **Yes** ☐ **No** Did any of your organization's personnel involved in this proposed project who meet the federal definition of an ["Investigator"](#) answer "Yes" to the following question? (*link is to sub. form instructions*).
Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- Receipt of income or payment for services over the past 12 months from any single business entity exceeding \$10,000
- Any equity interest exceeding \$10,000
- Any intellectual property interest assigned or to be assigned to any entity that **is not** a non-profit organization.

[PHS, DOE, and all other sponsors](#) that have adopted the PHS financial disclosure requirements: (check as applicable)

- ☐ My organization certifies that it **does have** a DOE or PHS-compliant Financial Conflict of Interest (FCOI) policy and for PHS is registered as an organization with a PHS-compliant FCOI policy with the [FDP FCOI Clearinghouse](#). My organization certifies that it will rely on this policy to comply with DOE or PHS Conflict of Interest regulations, and that, to the best of its knowledge, all financial disclosures required by its conflict of interest policy and related to the activities that may be funded by or through a resulting agreement were made before its proposal was submitted to University of California, Berkeley.

- ☐ My organization certifies that it **does not currently have** a DOE or PHS-compliant Financial Conflict of Interest (FCOI) policy and understands that a subaward cannot be issued to my organization until such a policy is in place. Note: **If checked, you must respond to the following:**

- ☐ **Yes** ☐ **No** Did any of your organization's personnel that meet the definition of an [Investigator](#) answer "Yes" to the following question?

Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000
- Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000
- Any equity interest(s) in a non-publicly traded entity
- Receipt of payments totaling more than \$5,000 for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity that **is not** a non-profit organization).

5. Responsible and Ethical Conduct of Research (RECR): (applicable to projects funded by NSF or any other programs requiring Ethics in Research training; see [instructions](#) for applicability):

- ☐ **Yes** ☐ **No** My organization certifies that it has a training program in place and will train all personnel in the responsible and ethical conduct of research, in accordance with the Sponsor's program-specific requirements.

☐ **N/A**

SUBRECIPIENT COMMITMENT FORM**6. Dual Use Research of Concern (DURC) and Pathogens with Enhanced Pandemic Potential (PEPP): (only for U.S. Federal Projects)**

- ☐ Yes ☐ No Will your organization's portion of this project involve DURC/PEPP? (As of May 6, 2025, applies only to [NIH awards](#)) If "Yes", my organization is aware of and will comply with the [U.S. Government Policy for Oversight of Dual Use Research of Concern \(DURC\) and Pathogens with Enhanced Pandemic Potential \(PEPP\)](#), as required by the Federal Awarding Agency.

7. CHIPS and Science Act of 2022 [Public Law 117 - 167](#): (only for U.S. Federal Projects):

- ☐ Yes ☐ No My organization certifies that, per Section 10634, each Covered Individual listed in the Subaward Proposal has completed research security training that meets the guidelines developed under subsection (b) of Section 10634, as required by the Federal Awarding Agency. Such training is available at: [Research Security Training | NSF - National Science Foundation](#). (As of May 1, 2025, applies only to [DOE awards](#).)
- ☐ Yes ☐ No My organization certifies that, per Section 10632, each Covered Individual listed in the Subaward Proposal has certified that they are not a party to a Malign Foreign Talent Recruitment Program, as required by the Federal Awarding Agency.

8. NIH International Subrecipient Reporting Requirements (only for non-U.S. Subrecipients supported by NIH)

- ☐ Yes ☐ No My organization is aware of and will comply with the provisions of [NIH Grants Policy Statement 15.2.1](#) requiring that international subrecipients provide access (electronic access permissible) to copies of all lab notebooks, all data, and all documentation associated with the research as described in the progress report to the primary funding recipient and in alignment with progress report submission requirements, on no less than an annual basis.

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

- ☐ Yes ☐ No My organization certifies 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. (If "No," ★ **attach** an explanation.)

10. Audit Status / Fiscal Responsibility:

- ☐ Yes ☐ No My organization is a non-Federal entity that is subject to the single audit requirement. See: [§200.501 of the Uniform Guidance](#).
- If "Yes," ★ **attach** an explanation of any findings or exceptions noted in your organization's most recent single audit and provide the following information:
- ☐ Audit is available on the Federal Audit Clearinghouse.
- ☐ Audit report is available on this link:
URL: _____
- If "No," indicate the reason/s the single audit requirement does not apply:
- ☐ My organization did not expend U.S. Federal funds in excess of the Federal Single Audit threshold (see [2 CFR 200.501\(b\)](#)), during our last fiscal year.
- ☐ My organization is a for-profit organization.
- ☐ Other (★ **Attach** an explanation).

Organizations not subject to the single audit requirement will be required to complete a [Mini-Audit Questionnaire](#) and may require a limited scope audit before a subaward can be issued.

11. Working Capital Advance Required:

- ☐ Yes ☐ No Will your organization require a working capital advance?

SUBRECIPIENT COMMITMENT FORM**SECTION E: Subrecipient's Authorized Official Representative (AOR) Approval**

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information, certifications, and representations provided in our proposal and on this form are true and correct, and my organization will honor any commitments made in our proposal, in compliance with the sponsor's policies. The appropriate programmatic and administrative personnel of my organization, involved in this application, are aware of the prime sponsor's policies, and are prepared to establish the necessary inter-institutional agreement consistent with those policies.

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, (b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

Signature of Subrecipient's Authorized Official Date Signed: _____ Name: _____ Title: _____ Email: _____ Phone: _____ Email to which subagreement documents should be sent: _____	If Subrecipient is owned or controlled by a parent entity, please provide the following information: Parent Entity Legal Name: _____ Parent Entity Address, City, State, ZIP+4: _____ Parent Entity Congressional District: _____ Parent Entity UEI: _____ Parent Entity EIN: _____
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★ PLEASE REMEMBER TO INCLUDE ALL REQUIRED ATTACHMENTS. ★