FDP EXPANDED CLEARINGHOUSE PARTICIPANT COMMITMENT FORM

Use this form only if your organization is an FDP Expanded Clearinghouse participant. For more information and the list of participating institutions, see https://fdpclearinghouse.org/organizations.

If your organization is **not** participating in the FDP Expanded Clearinghouse, use the Subrecipient Commitment Form and guidance at https://spo.berkeley.edu/forms/subaward/subrecipient_instructions.html.

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:** _____

Subrecipient Information – *To be completed by the Subrecipient prior to submission to SPO.*

Unique Entity Identifier (UEI): (Available through SAM.gov).	
Name of Subrecipient's Principal Investigator/Project Director: (Required)	**Phone:** **Email:**
Amount of Funding Requested:	**Amount of Cost-Sharing Committed:** ☐ N/A
Performance Site's Address: (if different from FDP Entity Profile) (Include ZIP+4 or other postal code)	**Performance Site Congressional District:** (if different from FDP Entity Profile and in U.S.)

Certifications – *To be completed by the Subrecipient prior to submission to SPO.*

1. **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?
   - ☐ **Yes** ☐ **No** Will Animal Subjects be involved in your organization's portion of this project?
2. **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** ☐ **N/A** 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.
3. **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.
4. **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 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.

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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.

_____	**Date Signed:** _____
Signature of Subrecipient's Authorized Official	
Name: _____	**Email to which subagreement documents should be sent:**
Title: _____	_____