

**FDP PILOT SUBRECIPIENT PROJECT INFORMATION**

Use this form only if your institution is participating in the FDP Expanded Clearinghouse Pilot. For more information and the list of participating institutions, see [http://spo.berkeley.edu/procedures/subaward\\_pilot.html](http://spo.berkeley.edu/procedures/subaward_pilot.html).

If your institution is **not** participating in the FDP Expanded Clearinghouse Pilot, use the Subrecipient Commitment Form (Non-FDP Pilot Institutions) and guidance at [http://spo.berkeley.edu/forms/subaward/subrecipient\\_instructions.html](http://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.**

Name of Subrecipient’s Project Director/PI (Required):		Phone: _____
		Email: _____
Amount of Funding Requested:	Amount of Cost-Sharing Committed:	NA:
Performance Site’s Address (if different from the FDP Entity Profile): Include ZIP Code +4 or other postal code:		Performance Site’s Congressional District (if different from the FDP Entity Profile and in U.S.):
		_____

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

**Research Subject Compliance Information** (check as applicable):

- Yes  No Does the work include Embryonic Stem Cells?
- Yes  No Will Human Subjects be involved in the subrecipient’s portion of this project?
- Yes  No Will Animal Subjects be involved in subrecipient’s portion of this project?

**Responsible Conduct of Research (RCR) (for NSF-funded projects only):**

- Yes  No My organization certifies that it has an Institutional Plan to meet NSF’s Educational Requirements for the Responsible Conduct of Research, as required under the “America COMPETES Act” PUBLIC LAW 110-69-August 9, 2007.
- Yes  No My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF’s RCR requirements.

**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 provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. 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, and (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.

_____ <b>Signature of Subrecipient’s Authorized Official</b>	Date: _____ Name and Title of Authorized Official: _____
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