UNIVERSITY OF MONTANA
Office of Research & Creative Scholarship

University of Montana Subrecipient Commitment Form

PROJECT INFORMATION

UM PI:

UM Cayuse Number:

UM Sponsor:

SUBRECIPIENT INFORMATION

Subrecipient Entity Name:

Subrecipient PI Name:

PI email:

PI phone:

Place of Performance Address:

City and State:

Zip Code +4 (**+4 required**):

Congressional District:

SUBRECIPIENT BUDGET INFORMATION Note: amount awarded may not match request

Direct Costs Requested:

F&A (IDC) Requested:

F&A Rate:

Base:

Total Funds Requested:

The F&A being requested for this subaward is: Please choose one option

Will subrecipient be providing Cost Share? Please choose

Will this project include Program Income? Please Choose

REQUIRED SUBRECIPIENT DOCUMENTS

Please include the following required documents when submitting this form. Note: The requirements of UM's sponsor may differ from UM's requirements. The subaward cannot be prepared and issued until the following documents have been received and reviewed.

- ☐ Subrecipient Scope of Work
- ☐ Subrecipient Budget in EXCEL format (EXCEL format is required)
- ☐ Subrecipient Budget Narrative/Justification

SUBRECIPIENT COMPLIANCE

Indicate below whether or not subrecipient will be conducting work that involves the following. Select yes or no for each of the items below and complete the Approval Date or indicate that approval is pending where appropriate.)

	Yes/No	Approval Date/Pending		Yes/No	Approval Date/Pending
Human Subjects:	Choice Required		Vertebrate Animals:	Choice Required	
Stem Cells:	Choice Required		Recombinant DNA:	Choice Required	
Select Agents:	Choice Required		HIPAA/PHI:	Choice Required	

REQUIRED CERTIFICATIONS

Choice Required — Subrecipient certifies that all senior/key personnel have completed appropriate research security training within the previous 12 months in accordance with Section 10634 of the CHIPS and Science Act of 2022 (42 U.S.C. § 19234).

Choice Required — Subrecipient certifies that an Off-Site Research plan is in place and ready to be disseminated prior to departure.

Choice Required — If prime funding is U.S. Federal funding and the project includes funding for trainees, Subrecipient hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this proposal will be trained on the oversight in the responsible and ethical conduct of research.

[Area reserved for additional certifications.]

SUBRECIPIENT CONTACT INFORMATION

***The following contacts are required and will be listed in the subaward agreement document.**

Administrative/PreAward Note: This should be the point of contact (POC) that UM should contact for updated documents.

Name

Email Phone

Financial/PostAward - POC for questions regarding subrecipient invoices and/or payment information.

Name

Email Phone

Authorized Official - Authorized to sign legal documents on behalf of subrecipient.

Name

Email Phone

SUBSTANTIAL CHANGES TO PERSONNEL, SYSTEMS OR INDIRECT COSTS

In the previous 2 years has your organization experienced significant/substantial changes to any of the following? (Check all that apply.)

- ☐ Personnel in the OSP/Grant Management, Business and/or Accounting Offices/sectors
- ☐ Systems (Grant Management and/or Financial)
- ☐ Indirect Cost Rate
- ☐ Indirect Cost Allocation Base

If you answered yes to any of the above, please provide details/explanation here:

SUBRECIPIENT ACKNOWLEDGMENT AND SIGNATURE

In signing below and offering to participate in this sponsored program, the Subrecipient Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research.

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and is prepared to establish the necessary inter-institutional agreement consistent with that policy. Any terms or rates included in the proposal described herein are not binding upon the Pass-Though Entity. All terms and conditions between the parties will be outlined in a separate formal Agreement.

Signature of Authorized Official Date

Printed Name and Title of Authorized Official

If the signature box above does not work for you, please sign and date below.

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Signature of Authorized Official Date

Printed Name and Title of Authorized Official

Federal Demonstration Partnership Members and Participants

Subrecipients who are members or participants (primarily universities) of the Federal Demonstration Partnership (FDP) and provide the link to their FDP profile, need not complete the remainder of this form. To find or verify your University's FDP profile, search here: fdpclearinghouse.org/organizations

Subrecipient FDP Profile Link:

Subrecipient Information Continued – **Entities able to supply an FDP Clearinghouse link above need NOT continue.**

SUBRECIPIENT INSTITUTIONAL INFORMATION

Subrecipient Entity Type: SELECT TYPE - Scroll for list

Subrecipient EIN/TIN – U.S. entities only:

Subrecipient UEI – required: SAM expiration – required:

SAM.gov requirement: All subrecipients must maintain ***full,*** active registration in SAM in order to receive subaward funds. Subrecipients not actively registered must follow the process to register or update registration. Note: Simply acquiring a UEI without fully registering is not sufficient and subrecipients who have a UEI without full registration will not receive a subaward until fully registered in SAM. **Note: Fully registered entities will have an expiration date. If you do not have an expiration date, your entity is not fully registered. SAM registration expires and must be renewed each year.**

SAM registration is FREE of charge. Beware of any organization that charges for assisting with SAM registration.

The SAM registration process can be time consuming. Subrecipients not already registered in SAM are strongly encouraged to begin the process as soon as possible to avoid delays in subaward issuance. Renewals can also take considerable time. Renew early to avoid lapses in registration that could delay the processing of invoices.

SUBRECIPIENT AUDIT STATUS AND FINANCIAL DOCUMENTATION REQUIREMENTS

Was subrecipient required to conduct an annual audit in accordance with the Single Audit Act or Uniform Guidance Subpart F, Audit Requirements, in the most recent audit year? Choice Required

Please provide a copy of or a link* to the most recent audit:
*If applicable, a note of "Federal audit clearinghouse" is acceptable.

Alternate Financial Documentation if applicable

If subrecipient is not subject to Single Audit requirements, alternate financial documents must be submitted. Acceptable documents include: Audited financial statements, corporate tax return, 990 tax return, Profit Loss Statement, Schedule C, other tax return or appropriate tax or audit documents. (Contact UM OSP for guidance regarding other types of financial documentation.)

Please indicate what alternate financial documentation will be provided: Choice Required

☐ Subrecipient acknowledges that audit or tax information must be provided on an annual basis for a time period encompassing the full period of performance of the subaward.

Note: Audit or Tax documentation may be no older than 1.5 years at award time. (Entities included in a biannual state audit should contact UM OSP for guidance.)

FACILITIES AND ADMINISTRATION (F&A) INFORMATION (AKA Indirect Costs, IDC, G&A or Overhead)

Does subrecipient have a U.S. Federally negotiated rate agreement? Choice Required

If the F&A/IDC being requested exceeds the de minimis rate allowed under 2 CFR 200.414(f), a copy of the rate agreement must be available online or provided to UM prior to subaward issuance. ecfr.gov/current/title-2/part-200/section-200.414#p-200.414(f)

Link to rate agreement OR ☐ Copy of Rate Agreement Provided

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?

☐ Yes If yes, please attach an explanation.

☐ No If no, **subrecipient must answer all questions below to certify that it**:

Choice Required presently debarred, suspended, proposed for debarment or declared ineligible for award of federal contracts.

Choice Required presently indicted for, or otherwise criminally or civilly charged by a government agency.

Choice Required 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 commissions of 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.

Choice Required within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

PRIOR EXPERIENCE WITH U.S. FEDERAL GRANT and/or CONTRACT AWARDS

What is your organization's prior experience with the direct financial management of U.S. federal grant and/or contract awards, not including subawards of federal funds? - Please check the correct option AND complete the appropriate dropdown box.

☐ Our organization has not/I have not previously received direct federal grant or contract awards.

☐ Our organization has/I have received and directly managed federal grant and/or contract awards totaling in the range indicated: Choice Required

Note for individuals/sole proprietorships: NOTE do not choose this option if prior experience was supported by an OSP or business office. Indicate direct experience as an individual/sole proprietorship only.

For entities with prior experience with the direct financial management of U.S. federal grant and/or contract awards, please indicate the approximate length of prior experience: Choice Required

ENTITY SIZE AND ACCOUNTING SYSTEMS

Please choose which option best applies and complete the appropriate text boxes. **Subrecipient is:**

☐ 1. A College, University or Nationally Recognized Non-Profit with a robust financial management system.

☐ 2. A large For Profit or Non-Profit (over $1M in revenue) with a robust financial management system.

☐ 3. A small For Profit or Non-Profit with the following:

- ☐ A robust financial management system (indicate name of system):
- ☐ Business accounting software - please indicate software brand and edition, i.e. free, basic, pro, enterprise
- ☐ An accounting office or team of employees (indicate number of employees)

☐ 4. I am an individual/sole proprietorship with the following (must complete one):

- ☐ Accounting software - please indicate software brand and edition, i.e. free, basic, pro, enterprise
- ☐ A hired accounting firm
- ☐ A hired accountant (individual)

☐ 5. Other – Please indicate entity type:

Please indicate financial management solution:

INVOICE REQUIREMENTS

- Subrecipient will be required to submit invoices at least once per quarter.
- At a minimum, subrecipient invoices shall include current and cumulative costs in accordance with the subaward budget, (which will be included with the Subaward Agreement as Attachment 5) including cost sharing, subaward number, and certification as required in 2 CFR 200.415

Note: UM will to provide an invoice template, prepared in accordance with the subaward budget, to any subrecipient who may find it useful, upon executing the subaward agreement.

☐ Please check here if an invoice template is requested.

SUBRECIPIENT VERIFICATION

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a procurement contractor/vendor.

Instructions: Check ALL that apply. It is normal and acceptable for subrecipients to check options in both categories.

Subrecipient Entity/Organization indicates that: With respect to the work to be performed on this project it

Procurement Contractor, Vendor, Contracted Service

☐ Provides goods or services that are necessary to the operation defined in the prime scope of work.
☐ Provides the goods or services purchased with the contract funds as a part of normal business operations.
☐ Provides similar goods or services to many different purchasers.
☐ Is not subject to the compliance requirements of the prime sponsor as a result of the agreement with UM.
☐ Normally operates in a competitive environment.

Subrecipient

☐ Its performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the sponsored program as defined in the prime scope of work.
☐ Will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of the University of Montana.
☐ Is responsible for adhering to applicable sponsor requirements specified in the prime award terms.
☐ There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions.

REQUIRED: Based on the answers above, and your understanding of the work being performed, choose one of the following:

☐ Yes: For the purpose of this proposal, my organization is properly categorized as a subrecipient in accordance with 2 CFR 200.331.

☐ No: For the purpose of this proposal, my organization does not fit the definition of a subrecipient.

* If "No," please contact the UM PI about procuring your organization's products and services via a procurement agreement.

From a recent EPA Webinar: "**A subrecipient carries out the federal program; a contractor provides a product or service to support the program.**"

FINANCIAL CONFLICT OF INTEREST IN RESEARCH

Choose the most correct option.

☐ Prime Sponsor is a Public Health Service (PHS) Agency; AND
Subrecipient certifies that it has an active written and fully enforced FCOIR policy that complies with the PHS regulations (at 42 C.F.R. Part 50, Subpart F and 45 C.F.R. Part 94).
Further, subrecipient certifies that it will:

- Promote and enforce investigator compliance with the PHS regulations, including those pertaining to required disclosure of significant financial interests (SFIs);
- Manage any financial conflicts of interest (FCOIs) and provide initial and ongoing reports as detailed in the PHS regulations, as well as in the subaward agreement; and
- Make FCOI and SFI information promptly available to the University of Montana upon request.

OR

☐ Prime Sponsor is not a PHS Agency; AND
Subrecipient certifies that it has as an active and fully enforced FCOIR policy, under which (1) all required financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with our FCOIR policy prior to our expenditure of any funds under any resultant agreement.

OR

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UM's policy, here: umt.edu/policies/browse/personnel/conflict-of-interestfinancial-disclosure

A list of PHS agencies can be found here: federalregister.gov/agencies/public-health-service

HIGHEST COMPENSATED OFFICERS

The names and total compensation of the five most highly compensated officers of the subrecipient entity must be listed if the subrecipient meets all three of the following qualifying statements:

1. the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards;
2. and $25,000,000 or more in annual gross revenues from Federal awards;
3. 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(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Does subrecipient meet all of the qualifications above? Choice required

If yes, list officers and compensation below.

Officer 1 Name: Compensation:

Officer 2 Name: Compensation:

Officer 3 Name: Compensation:

Officer 4 Name: Compensation:

Officer 5 Name: Compensation: