



Sponsored Programs Administration  
**SUBRECIPIENT COMMITMENT FORM**  
 Updated 1/13/2025 – supersedes all other versions

**Subrecipient Organization:**

\_\_\_\_\_

\_\_\_\_\_  
*EIN#*

\_\_\_\_\_  
*UEI#*

**Address:**

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip code +4*

**1. Project Title:**

\_\_\_\_\_

**2. UMB Principal Investigator:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Email*

**3. Subrecipient Principal Investigator:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Email*

**4. Subrecipient Administrative Contact:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Email*

**5. Proposed Project Period:**

\_\_\_\_\_  
*Start Date*

\_\_\_\_\_  
*End Date*

**6. Total Amount Requested:**

\_\_\_\_\_

**7. Cost Sharing/Matching/In-Kind included in the proposal (if applicable):**

Cost Sharing, matching, and/or in-kind commitments should be included in the subrecipient's budget and budget justification. Third-Party in-kind cost share should be supported by a letter of support signed by an authorized representative of the third party

Yes

No

Total Cost Share: \$ \_\_\_\_\_

**8. Primary Funding Source (select one):**

**U.S. Federal**

**Other**

Prime Sponsor Name:

\_\_\_\_\_

**9. The following documents are included in our subaward proposal submission and attached and were prepared in compliance with the prime sponsor's solicitation guidance.**

Statement of Work

Detailed Budget

F&A Rate Agreement

Budget Justification

Other (please describe)

\_\_\_\_\_



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**10. For the attached Statement of Work, please indicate if the project will include any of the following:**

Human Subjects Research	Yes	No
If Yes, and NON-FDP institution, what is your Federal Wide Assurance number: _____		
Vertebrate Animal Research	Yes	No
If Yes, and NON-FDP institution, what is your PHS Animal Welfare Assurance number: _____		
Hazardous Materials	Yes	No
If Yes, is an institutional Hazardous Materials Plan in Place:	Yes	No

**11. Is the Subrecipient participating in the FDP Expanding Clearinghouse**

<a href="#">(fdp clearinghouse)</a>	Yes	No
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If Yes, skip to Item 17 - Signature Box. If No, complete items 12-17 below.

**12. Type of Entity:**

- Commercial/For Profit
- Non-Profit/Education/Government
- International

**13. If a US Entity, please provide your Federal ID No. (TIN)** \_\_\_\_\_

14. Is Subrecipient registered in SAM.gov	Yes	No
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**15. Facilities & Administrative Rates included in this proposal are based on:**

- Subrecipient has applied its federally-negotiated rate (attach a copy of the rate agreement)
- A rate lower than Subrecipient’s federally negotiated F&A rate for this type of work
- 15% MTDC (de minimis rate) in accordance with 2 CFR 200
- 8% MTDC rate for foreign recipients under NIH funding
- Other rate of \_\_\_\_\_%      Base (TDC, MTDC, S&W, Other) \_\_\_\_\_
- Not Applicable, no F&A costs are requested by Subrecipient

**16. Conflict of Interest (applicable to PHS & NSF funded projects or agencies that have adopted the federal financial disclosure requirements.**

Not Applicable because this project is not being funded by PHS, NSF, or any other sponsor that has adopted the federal financial disclosure requirements.

Subrecipient hereby certifies that it has a conflict of interest policy which meets or exceeds the requirements set forth in Responsibility of Applicants for Promoting Objectivity in Research for which PHS funding is sought, 42 CFR Part 50, Subpart F or Institutional Responsibility Regarding Conflicting Interests of Investigators, 45 CFR Part 94, **AND** subrecipient certifies that any person responsible for the design, conduct and reporting of research on the above named project has self-disclosed to the Institution's designated official(s) their significant financial interest(s), **AND** the Institution's official having reviewed the disclosures, has determined:

Please provide policy link or attach a copy

(you **MUST** choose one of the following)

None of the persons responsible for the design, conduct, and reporting of research on the above named project has an identified Financial Conflict of Interest;

**OR**

The personnel as identified by subrecipient's policy have an identified Financial Conflict of Interest, the details of which will be provided with the submission of this form.

Subrecipient does not have an active conflict of interest policy which conforms to the requirements of all applicable regulations set forth in Responsibility of Applicants for Promoting Objectivity in Research for which PHS funding is sought, 42CFR Part 50, Subpart F and hereby agrees to abide by the University of Maryland, Baltimore's policy and related procedures relating to financial conflicts of interest.

Policy link: [UMB FCOI](#)

**17. Subrecipient Institutional Information:**

Unique Entity Identifier (UEI) Per 2 CFR 25.300, if awarded, University of Maryland, Baltimore cannot make a subaward (under federal financial assistance awards and cooperative agreements) to a subrecipient without a Unique Entity Identifier (UEI). Some sponsors require subrecipients to have the UEI at the time the proposal is submitted. Refer to SAM.gov's Get Started With Registration and the Unique Entity ID to start the process of obtaining a UEI. Subrecipients are not required to complete full SAM registration to obtain a UEI. **For federal contracts only:** Subrecipients must have a full SAM registration (not just a UEI) in order to be eligible to receive a federal subcontract.

**18. Signature of Authorized Organizational Representative:**

The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements.

I hereby certify that neither the Subrecipient entity nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print AOR Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_