



## Office of Research Support and Development Subrecipient Commitment Form

All subrecipients are required to complete and return this form to The University of Southern Mississippi pre-award contact listed in the table below. This form provides a checklist of documents and certifications required by prime sponsors and it must be signed by the subrecipient's authorized representative prior to submission.

<b><i>To be completed by The University of Southern Mississippi</i></b>			
PI Name		PI Email	
Pre-Award Contact Name		Pre-Award Contact Email	
Prime Sponsor		Start Date	End Date
Solicitation No			
Proposal Title			

### **PART I - To be completed by all subrecipients**

#### **Institution**

Institution's Legal Name			
Address		City	State
Zip+4			
EIN	UEI	Congressional District	Institution Type
Registered in SAM?	Yes	No	Check if institution is: Less than or equal to 5 years old      HUB-Zone or small disadvantaged business
Administrative Contact Name		Administrative Contact Email	
Financial Contact Name		Financial Contact Email	

#### **Performance Site Address**

Address same as above?	Yes	No	<i>If no, provide performance site address below.</i>
Address		City	State
Zip + 4	UEI	Congressional District	

#### **Subrecipient PI**

Subrecipient PI Name		Department	Phone
E-mail		eRA Commons user name <i>NIH proposals only</i>	

## Subrecipient Budget Request

Total \$	Direct \$	F&A \$	Cost-sharing \$ <i>Must be in budget and budget justification</i>		
Participant Support \$:	Yes	No	Program Income:	Yes	No

## Compliance Information

Human Subjects:	Yes	No	Vertebrate Animals:	Yes	No	Export Control: Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws?
Institutional Assurance No.			Animal Welfare Assurance No.			
Approval Pending?	Yes	No	Approval Pending?	Yes	No	
Approval Date <i>if approved</i>			Approval Date <i>if approved</i>		Yes	No
						Unknown at this time

## Responsible Conduct of Research (RCR)

*Only check if appropriate.*

Not applicable. This proposal is not being submitted to NSF, NIH or USDA-NIFA.

If NSF, subrecipient institution certifies that it maintains an institutional plan which is compliant with NSF's Responsible Conduct of Research (RCR) requirement.

If NIH, subrecipient institution certifies that for NIH training and fellowship awards, the subrecipient will monitor and maintain records for the individual training plans in accordance with NIH's RCR training requirements.

If USDA-NIFA, subrecipient institution certifies that it will comply with the "Responsible and Ethical Conduct of Research" requirements of the USDA-NIFA Agency-Specific Terms and Conditions.

## Proposal Documents

Scope of Work (Required)	Facilities and Other Resources
Budget and Justification (Required)	Other
Biographical Sketches	Other

## FDP Clearinghouse

Does the subrecipient maintain an organization profile in the [Federal Demonstration Partnership \(FDP\) Clearinghouse](#)?

Yes      If Yes, sign below and return the form to the pre-award contact listed in the table on page 1.

No      If No, complete Part II of this form prior to signature.

## Subrecipient Approval

*With signature that follows, the Authorized Official certifies the information on this form is true and correct. Further, the appropriate programmatic and administrative personnel involved in this application are aware of sponsoring agency policy regarding subawards and are prepared to establish an inter-institutional agreement consistent with those policies. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk. No work involving human or animal subjects may begin until the Subrecipient has obtained appropriate compliance approvals. The Subrecipient has reviewed the solicitation or funding announcement and verifies its ability to comply with prime sponsor requirements.*

Authorized Official Name

Signature of Authorized Official

Title

Date Signed



## Audit Information

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Does the subrecipient receive an annual audit in accordance with [2CFR200 Subpart F](#)?

Yes

No

**If Yes:** Please provide a copy of your institution's most recent audit report, or the URL to a completed copy.

Has the audit been completed for the most recent fiscal year? Yes No

Were any audit findings reported? If Yes, please add comments below. Yes No

**If No:** Does your institution expend overall federal funding of at least \$1,000,000 per year? Yes No

Is the subrecipient a:

- Non-profit entity expending less than \$1,000,000 per year in Federal funds
- For-profit entity that expends federal funds and has a DCAA audited rate
- For-profit entity that does not expend Federal funds or have annual audits
- Foreign entity

If a for-profit entity, is the Subrecipient a:

- Small business
- Large business

## Comments

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## Subrecipient Approval

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Authorized Official Name

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Signature of Authorized Official

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Title

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Date Signed