

Office of Research Administration Subrecipient Commitment Form

All subrecipients are required to complete and return this form to The University of Southern Mississippi preaward 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.

To be completed by The Un	iversity o	f Southe	ern Mississi	ррі						
PI Name	·				PI Email					
Pre-Award Contact Name					Pre-Award (Contact En	nail			
Prime Sponsor					Start Date	E	nd Date	So	licitation	No
Proposal Title										
PART I - To be con	mplete	d by <u>a</u>	<u>ll</u> subrec	cipients						
Institution										
Institution's Legal Name										
Address					City			State	Zip+	-4
EIN	UEI			Congression	onal District	Institu	ition Type			
Registered in SAM? Yes	No	Check if	finstitution is:	Less th	han or equal to	5 years old	HUB	-Zone or s	mall disad	vantaged business
Administrative Contact Name					Administrati	ve Contac	t Email			
Financial Contact Name					Financial Co	ontact Ema	ail			
Performance Site Ac	ldress									
Address same as above?	Yes	3	No	If no, provi	de performan	ce site add	dress below.			
Address						City				State
Zip + 4			UEI				Congress	sional Dist	trict	
Subrecipient PI										
Subrecipient PI Name					Department			Ph	ione	
E-mail					eRA Comm	ons user n	ame NIH	l proposal	ls only	

Subrecipient Bud	get Requ	est							
Total \$	Direct \$		F&A \$		Cost-shar	ing \$ Mi	ust be in bud	get and bu	dget justification
Participant Support \$:	Ye	s	No	Progr	am Income:		Ye)S	No
Compliance Infor	mation								
Human Subjects:	Yes	No	Vertebrate Animal	ls:	Yes	No	Export Co	ntrol: Do yo	ou anticipate the use
Institutional Assurance No) .		Animal Welfare As	ssurance No).				ems, software, or d require review under
Approval Pending?	Yes	No	Approval Pending	?	Yes	No		ntrol laws?	
Approval Date if approved	d		Approval Date if a	approved			Yes	No	Unknown at this time
Responsible Cond	duct of R	esearcl	n (RCR)						
Only check if appropriate.									
Not applicable. Th	is proposal is	not being	submitted to NSF, I	NIH or USD	A-NIFA.				
If NSF, subrecipie Research (RCR) r		certifies tha	at it maintains an ins	stitutional pl	an which is o	complia	nt with NSF's	Responsi	ble Conduct of
If NIH, subrecipier	nt institution c		t for NIH training an with NIH 's RCR tr			e subred	cipient will mo	onitor and r	maintain records for
If USDA-NIFA, sul the USDA-NIFA A				ply with the	"Responsib	le and E	thical Condu	ct of Resea	arch" requirements of
Proposal Docume	ents								
Scope of Work (Req	uired)			Facilities	and Other	Resour	ces		
Budget and Justifica	tion (Require	d)		Other					
Biographical Sketche	es			Other					
FDP Clearinghou	.se								
Does the subrecipient ma	intain an orga	anization p	rofile in the Federal	Demonstra	tion Partner	ship (FE	P) Clearingh	nouse?	
Yes	f Yes, sign be	elow and re	eturn the form to the	pre-award	contact liste	d in the	table on pag	e 1.	
No I	f <u>No</u> , complet	te Part II of	this form prior to si	gnature.					
	,								
Subrecipient App		:! Off:-:-	1 4:5: 41 :5		- f '- t		- ···4	41	
With signature that follow and administrative persor establish an inter-institution subaward agreement are obtained appropriate comply with prime sponsor.	nnel involved onal agreeme at the subred pliance appro	in this appl ent consiste cipient's ow ovals. The	lication are aware o ent with those policion In risk. No work invo	of sponsoring es. Any wor olving huma	g agency po k begun and n or animal	licy rega d/or expo subjects	arding subaw enses incurre s may begin u	rards and a ed prior to e until the Su	re prepared to execution of a brecipient has
Authorized Official Name				Sign	ature of Aut	norized	Official		
Title				Date	Signed				

PART II - To be completed by subrecipients NOT participating in the FDP Clearinghouse.

For a list of participating institutions see https://fdpclearinghouse.org/organizations

Certifications

1. Indirect Cost (IDC) Rates included in this proposal have been calculated based on the following:

Our federally negotiated IDC rate for this type of work.

De minimis MTDC rate (10%).

NIH will continue to reimburse IDC to foreign and international organizations at a rate of 8% MTDC less only equipment.

A reduced IDC rate dictated by the prime sponsor that we hereby agree to accept.

Not applicable.

Indirect costs are not allowable or are not requested as part of the subrecipient budget.

Fringe Benefit Rates included in this proposal have been calculated based on the following:

Rates are consistent with our federally negotiated rates.

Other rates.

Please specify in the Comment section below the basis on which the rate has been calculated.

Not applicable.

Fringe benefit costs are not allowable and/or are not requested as part of the subrecipient budget.

3. Financial Conflict of Interest (FCOI)

Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), NSF, USDA-NIFA, or any other sponsor that has adopted the federal financial disclosure requirements.

Subrecipient certifies that it has an active and enforced conflict of interest (COI) policy consistent with 42 CFR Part 50, Subpart F, "Responsibility of Applicants Promoting Objectivity in Research."

Subrecipient does not have an active and/or enforced COI policy but will have a PHS compliant policy in place and published at the time of award.

Subrecipient does not have an active and/or enforced COI policy and wishes to comply with USM's FCOI policy located here.

4. Debarment, Suspension, Proposed Debarment

Is the PI or any other employee or student participating in this proposal, debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

Yes If Yes, please explain in the Comments section below.

No

The subrecipient Organization:

is is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal

grants and contracts.

is is not presently indicted for, or otherwise criminally or civilly charged by a government agency.

has has not 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.

has has not within 3 years preceding this offer, had one or more contracts terminated for default by any federal

agency.

Yes			
No			
If Yes:	Please provide a copy of your institution's most recent audit report, or the URL to a complete	ed copy.	
	Has the audit been completed for the most recent fiscal year?	Yes	N
	Were any audit findings reported? If Yes, please add comments below.	Yes	N
If No:	Does your institution expend overall federal funding of at least \$750,000 per year?	Yes	N
	Is the subrecipient a:		
	Non-profit entity expending less than \$750,000 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		
ith signature thand ad administrative stablish an inter- ubaward agreem otained appropri	Approval at follows, the Authorized Official certifies the information on this form is true and correct. Furthe be personnel involved in this application are aware of sponsoring agency policy regarding subawa institutional agreement consistent with those policies. Any work begun and/or expenses incurre then are at the subrecipient's own risk. No work involving human or animal subjects may begin us ate compliance approvals. The Subrecipient has reviewed the solicitation or funding announcent be sponsor requirements.	ards and are prepared d prior to execution of antil the Subrecipient I	l to f a has
nd administrative stablish an inter- ubaward agreem otained appropri	at follows, the Authorized Official certifies the information on this form is true and correct. Further personnel involved in this application are aware of sponsoring agency policy regarding subawa institutional agreement consistent with those policies. Any work begun and/or expenses incurrent are at the subrecipient's own risk. No work involving human or animal subjects may begin unate compliance approvals. The Subrecipient has reviewed the solicitation or funding announced approvals.	ards and are prepared d prior to execution of antil the Subrecipient I	l to f a has