Office of Contracts and Grants
UNIVERSITY OF COLORADO **BOULDER**

SUBRECIPIENT COMMITMENT FORM

Subrecipient must complete this form when submitting a proposal to the University of Colorado Boulder (CU Boulder). The form provides a checklist of documents, representations and certifications as required by prime sponsors and must be signed by the Subrecipient's Authorized Official, as designated below on page 6.

Subrecipient's Legal Name:		
Street Address:		
City, State, Zip +4 / Country:		
UEI Number:	TIN:	NAICS Code:
Congressional District:		
Proposal Title:		
Prime Sponsor:		
CU Boulder Principal Investigator:		

Subrecipient's Principal Investigator:	**Subrecipient's Post Award Administrator:**
Name:	Name:
Email:	Email:
Phone:	Phone:

SECTION A. Proposal Documents

As applicable, please check the following Subrecipient documents that are included in CU Boulder's proposal submission and covered by the certifications below.

- ☐ **TECHNICAL PROPOSAL or STATEMENT OF WORK as appropriate** (required)
- ☐ **BUDGET OR COST PROPOSAL AND SUPPORTING JUSTIFICATION** (required)
- ☐ Small Disadvantaged Business Subcontracting Plan, in agency-required format
- ☐ Biosketches of all Key Personnel, in agency-required format
- ☐ Management and Capability Assessment
- ☐ **Other:**

SECTION B. Representations and Certifications

1. **Overhead Rates**. Subrecipient certifies that the overhead rates (e.g.,Facilities & Administration, Indirect Costs, G&A, etc.) included in this proposal have been calculated based upon:

- ◯ Subrecipient's federally-negotiated indirect cost rate agreement (NICRA) for this type of work ***or*** a reduced F&A rate that Subrecipient hereby agrees to accept.
  - >> **If selected, Subrecipient has attached a copy of Subrecipient's NICRA or has provided a URL link to the NICRA in Comments section below.**
- ◯ Other rates. **Please specify the basis on which the rate has been calculated in Comments below.**
- ◯ Not applicable as Subrecipient includes no indirect costs.

Comments:

2. Fringe Benefit Rates. Subrecipient certifies that the fringe benefit rates included in this proposal have been calculated based upon:

- ◯ Subrecipient's rates are consistent with or lower than Subrecipient's federally-negotiated rates.
  - >> **If selected, Subrecipient has attached a copy of Subrecipient's fringe benefit rate agreement or has provided a URL link to the agreement in Comments section below**.
- ◯ Other rates. **Please specify the basis on which the rate has been calculated in Comments below.**

Comments

3. Small Business Concern.
Subrecipient represents that it is a small business concern as defined in 13 CFR § 121.101. Yes ◯ No ◯

If applicable, Subrecipient also represents that it is a small disadvantaged business concern as defined in 13 CFR § 124 indicated below:

- ☐ Small disadvantaged business certified by the Small Business Administration Women-owned small business concern
- ☐ Veteran-owned small business concern
- ☐ Service-disabled veteran-owned small business concern
- ☐ HUBZone small business concern

4. Cost Sharing.
Subrecipient represents that cost sharing is included in Subrecipient's proposal documentation. Yes ◯ No ◯

- If applicable, Subrecipient certifies that cost sharing amounts and justifications are included in the Subrecipient's proposal documents.
  - Amount:
  - Type:

5. Human Subjects.
Subrecipient represents that Human Subjects research is part of Subrecipient's Scope of Work at Subrecipient location.
Yes ◯ No ◯

- Determination of Exemption or IRB Approval Date:
- IRB Approval Number:
- Pending: ☐
- Subrecipient's Federalwide Assurance (FWA) Number:
- Subrecipient certifies that all Subrecipient Key Personnel have completed Human Subjects training: ☐

  - >> Please note that Subrecipient must provide copies of the IRB approval and approved "Informed Consent" form before a subagreement will be issued. Please forward these documents to the CU Boulder PI and to ocgsubcontracts@colorado.edu as soon as they are available.

6. Animal Subjects.
Subrecipient represents that Animal Subjects research is part of Subrecipient's Scope of Work at Subrecipient location.
Yes ◯ No ◯

- IACUC Approval Date:
- IACUC Approval Number:
- Pending: ☐
  - >> Please note that Subrecipient must provide a copy of the IACUC approval before a subagreement will be issued. Please forward this document to the CU Boulder PI and to ocgsubcontracts@colorado.edu as soon as it is available.

7. Foreign Nationals.
Will any foreign personnel be participating in this project? Yes ◯ No ◯

- If Yes, please know that more specific information about the individual(s) background may be requested in order to be compliant with Sponsor Requirements.

8. Conflict of Interest.

Check one of the following:

○ Subrecipient's financial conflict of interest policy applies:

Subrecipient has an up to date, written, and enforced policy and processes to identify and review investigator disclosures of significant financial interests, determine if such disclosures constitute financial conflicts of interest, and manage or remove any financial conflicts of interest, and Subrecipient's conflict of interest policy will apply to Subrecipient's investigator(s) working on this project.

○ CU BOULDER's Conflicts of Interest and Commitment Policy and Standards applies:

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees CU Boulder's Conflicts of Interest and Commitment Policy and Standards (https://www.colorado.edu/researchinnovation/coi/policies-procedures) will apply to the Subrecipient's investigator(s) working on this project.

9. Department of Defense NIST SP 800-171 Assessment Certification.
This section is applicable to projects funded by the Department of Defense (DoD). If this project is not funded by the DoD, leave blank.

If DFARS 252.204-7012 Safeguarding Covered Defense Information and Cyber Incident Reporting, DFARS 252.204-7019 Notice of NIST SP 800-171 DoD Assessment Requirements, DFARS 252.204-7020 NIST SP 800-171 DoD Assessment, or DFARS 252.204-7021 Cybersecurity Maturity Model Certification Requirements apply, Subrecipient certifies that:

○ Subrecipient has completed the required assessment or certification for covered contractor information systems relevant to this offer (eg, CMMC Level 1, CMMC Level 2) within the last three years and posted the assessment to the Supplier Performance Risk System (SPRS).

- CMMC Unique Identifier:
- Assessment Date:
- Level of Assessment: If Applicable, Select One Option:

○ Subrecipient has not completed an assessment and will do so prior to the awarding of a subcontract.

○ Other:

***** Verification of Subrecipient's CMMC UID, Assessment Date and Level of Assessment is required prior to CUI information being exchanged.***

10. Civil Rights Certification. This section certifies the subrecipients compliance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments Act of 1972, and Age Discrimination Act of 1975. This section is applicable to Federally Funded projects. *If this project is not funded by the Federal Government, at any level, please select "N/A."*

○ Subrecipient certifies that it complies with applicable Civil Rights obligations, policies, procedures, and related reporting requirements. CU Boulder is granted permission to both verify compliance at appropriate stages by the subrecipient.

○ Subrecipient here by certifies , that before full execution of the subagreement, they will comply with applicable Civil Rights obligations, policies, procedures, and related reporting requirements.

○ N/A

11. Debarment and Suspension
Subrecipient certifies as follows that Subrecipient's Principal Investigator, Key Personnel, or any other employee or student participating in this project:

◯ **Are**	◯ **Are not**	Presently debarred, suspended, proposed for debarment, excluded from, or otherwise declared ineligible for participation in federal assistance programs, contracts, or activities.
◯ **Are**	◯ **Are not**	Presently indicted for, or otherwise criminally or civilly charged by a government entity.
◯ **Have**	◯ **Have 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 commission of embezzlement, theft, forgery, bribery, falsification of destruction of records, making false statements or receiving stolen property.
◯ **Have**	◯ **Have not**	Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.
◯ **Have**	◯ **Have not**	Within three (3) preceding this offer, been notified of any delinquent Federal taxes in an amount that exceeds $3,000 which liability remains unsatisfied.

>> If Subrecipient has indicated an "Are" or "Have" response to any of the above, Subrecipient must explain:

12. Fiscal Responsibility
The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles, and the following:

- ☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;
- ☐ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants;
- ☐ complies with applicable laws and regulations;
- ☐ can prepare appropriate financial statements, including the schedule of expenditure of federal awards;
- ☐ there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps being taken to correct the finding.

13. Drug Free Workplace.
The Subrecipient certifies compliance with The Drug Free Workplace Act of 1988 (41 USC 702) Yes ◯ No ◯

14. Certification Regarding Lobbying.
In the event funds allotted under this proposal are expected to exceed $100,000, the Subrecipient certifies that it is in compliance with the requirements of Section 1352, Title 31, U.S. Code, that limits the use of appropriated funds to influence certain Federal contracting and financial transactions. Yes ◯ No ◯

15. System for Award Management.
Subrecipient completed annual certifications in the System for Award Management (SAM.gov). Yes ◯ No ◯

Date of last certification: ☐

16. FAPIIS/Responsibility Matters.

The Subrecipient certifies that, if subject to reporting under the Federal Awardee Performance and Integrity System (FAPIIS), that such reported information is current, accurate and complete and shall be maintained as such during the term of any agreement resulting from Subrecipient's offer. N/A ◯ Yes ◯ No ◯

SECTION C. Audit Status

Check and complete *one* of the following:

◯ ○ Subrecipient is subject to the Single Audit Act (31 U.S. Code CHAPTER 75) and Subrecipient receives an annual Single Audit (formerly known as A-133 Audit) in accordance with 2 CFR §200.501.

- Most recent fiscal year completed: ☐
- Audit findings reported. ☐
  - ○ >> If checked, Subrecipient must explain in Comments below.
- **Subrecipient must attach a complete copy or provide a link to the complete copy in Comments below.**

◯ ○ Subrecipient does not receive an annual audit in accordance with 2 CFR §200.501.

- **Subrecipient must provide one of the following:**
  1. **A copy of Subrecipient's most recent audit;**

     OR

  2. **A complete and signed No Audit Questionnaire:** https://www.colorado.edu/ocg/node/1739/attachment
- Subrecipient is a:
  - ☐ Non-profit entity (under federal funding threshold)
  - ☐ Foreign entity
  - ☐ For-profit entity
  - ☐ Government entity

Comments:

Please provide the name, address, and phone number for Subrecipient's Cognizant Audit Agency and ACO (if applicable). If Subrecipient is not audited by the federal government, please provide the information for Subrecipient's outside audit agency and the date of last audit.

CAA Name:	ACO Name:
Address:	Address
Phone:	Phone:
Date of Last Audit:	Date of Last Audit:

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regards to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. By signature below Subrecipient certifies that any training requirements for covered/senior/key individual(s), as defined by the federal agency listed as Prime Awarding Agency, have been completed prior to submission of this application if/when required by the federal agency. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official:

Email:	
Phone:	
Date:	

Name and Title of Subrecipient's Authorized Official:

Is Subrecipient owned or controlled by a parent entity?
If yes, please provide the following:

Yes ◯ No ◯

Parent Entity Legal Name:
Parent Entity Address, City, State, Zip:
Parent Entity Congressional District:
Parent Entity UEI:
Parent Entity EIN: