**Subrecipient Commitment Form**

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| **Pass-through Entity** | | |
| Institution’s Legal Name:  University of Wisconsin-La Crosse | | |
| PI Name:  Click here to enter text. | PI Department:  Click here to enter text. | |
| Prime Sponsor:  Click here to enter text. | Period of Performance | |
| Start: Click here to enter a date. | End: Click here to enter a date. |
| Project Title: Click here to enter text. | | |

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| **Subrecipient Institution** | | |
| Institution’s Legal Name:  Click here to enter text. | | |
| Address:  Click here to enter text. | | |
| City:  Click here to enter text. | State:  Click here to enter text. | ZIP + 4:  Click here to enter text. |
| EIN:  Click here to enter text. | UEI:  Click here to enter text. | Congressional District:  Click here to enter text. |
| Registered in SAM?  Yes No | Institution Type:  Choose an item.  If “other,” specify: Click here to enter text. | |
| Administrative Contact Name:  Click here to enter text. | Title:  Click here to enter text. | |
| Email:  Click here to enter text. | Phone:  Click here to enter text. | |

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| **Subrecipient PI** | |
| Subrecipient PI Name:  Click here to enter text. | Department:  Click here to enter text. |
| Phone:  Click here to enter text. | Email:  Click here to enter text. |

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| **Subrecipient Performance Site** | | | |
| Address same as above? Yes No *If no, complete information below.* | | | |
| Address:  Click here to enter text. | | | |
| City:  Click here to enter text. | State:  Click here to enter text. | | ZIP + 4:  Click here to enter text. |
| UEI:  Click here to enter text. | | Congressional District:  Click here to enter text. | |

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| **Subrecipient Budget** | | | |
| Total:  $Click here to enter text. | Direct costs:  $Click here to enter text. | F&A:  $Click here to enter text. | Cost sharing:  $Click here to enter text. |

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| **Compliance Information** | |
| *Check all those that apply:* | |
| IRB  Approval date (or enter “pending”): Click here to enter text.  Human Subjects Assurance Number: Click here to enter text.  IACUC  Approval date (or enter “pending”): Click here to enter text.  Animal Welfare Assurance Number: Click here to enter text. | IBC  Approval date (or enter “pending”): Click here to enter text.  DURC  Proprietary/privileged information |
| Financial Conflict of Interest (FCOI):  *Check one (applicable to PHS, NSF, and other sponsors that have adopted the federal financial disclosure requirements):*  Subrecipient hereby certifies it has an active and enforced FCOI policy that is consistent with 42 CFR Part 50, Subpart F, “Responsibility of Applicants Promoting Objectivity in Research.” Subrecipient investigators will follow the compliant FCOI policy established and enforced by the subrecipient institution listed on this form. Subrecipient also certifies that, to the best of the institution’s knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its FCOI policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with the subrecipient’s FCOI policy prior to the expenditure of any funds under any resultant agreement.  Subrecipient does not have an active and enforced FCOI policy consistent with 42 CFR Part 50, Subpart F, and agrees to be bound by the FCOI policy of the pass-through entity listed on this form. *(UWL’s FCOI policy:* <https://www.uwlax.edu/grants/financial-conflict-of-interest-fcoi/>)  Not applicable because project is not funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements. | |
| Responsible & Ethical Conduct of Research (RECR): *Check one:*  *For NIH training, career development, research education, or dissertation research funding:* Subrecipient hereby certifies it will monitor and maintain RCR records for individual training plans as proposed by the subrecipient in accordance with NIH’s Grants Policy Statement.  *For NSF proposals:* Subrecipient hereby certifies it has an active and enforced plan to meet NSF’s “Educational Requirements for the Responsible Conduct of Research” in accordance with the America COMPETES Act (PL 110-69).  *For USDA NIFA proposals:* Subrecipient hereby certifies it has an active and enforced plan to meet USDA NIFA’s “Responsible and Ethical Conduct of Research” requirements in accordance with sections 2, 3, and 8 of 2 CFR Part 422.  Subrecipient does not have an active and enforced RECR policy consistent with the applicable federal sponsor’s policy and agrees to be bound by the RECR policy of the pass-through entity listed on this form. *(UWL’s RCR policy:* [*https://www.uwlax.edu/grants/responsible-conduct-of-research-for-federal-agencies/*](https://www.uwlax.edu/grants/responsible-conduct-of-research-for-federal-agencies/)*)*  Not applicable because project is not funded by a sponsor that has adopted RECR requirements. | |

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| **Supporting Documentation** |
| Submit the following documents with this signed form:  Scope of Work  Budget and Budget Justification  Federal Negotiated Indirect Cost Rate Agreement – attach or hyperlink: Click here to enter text.  Other (e.g., supplementary documents required by funding agency): Click here to enter text. |

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| **Subrecipient Certifications & Approval** | |
| I certify the appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to establish and administer the necessary inter-institutional agreement(s) consistent with those policies. I certify that I am an Authorized Organizational Representative for my institution, and that the information provided in this form is true, complete, and accurate to the best of my knowledge. | |
| Click or tap here to enter text. |  |
| Authorized Organizational Representative (AOR) Name | AOR Signature |
| Click or tap here to enter text. | Click here to enter a date. |
| Title | Date Signed |