



GI 6 F97 -D-BH COMMITMENT FORM

Subrecipient must complete this form when submitting a proposal to the University of Massachusetts Boston (UMB). 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.

Form with fields: UMB Principal Investigator, Prime Sponsor, Proposal Title, Subrecipient's Legal Name, Street Address, City, State, Zip+4, Congressional District, UEI Number, EIN/TIN, CAGE Code.

Form with columns: Subrecipient's Principal Investigator, Subrecipient's Post Award Administrator. Fields include Name, Email, and Phone.

SECTION A. Proposal Documents

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

- STATEMENT OF WORK (required)
BUDGET AND SUPPORTING BUDGET JUSTIFICATION (required)
Sponsor-required proposal documents
Biosketches of all Key Personnel, in agency-required format

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 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.

- Determination of Exemption or IRB Approval Date: Yes No
- IRB Approval Number:
- Pending:
- Subrecipient's Federalwide Assurance (FWA) Number:
- Subrecipient certifies that all Subrecipient Key Personnel have completed Human Subjects training:

6. Animal Subjects.

Subrecipient represents that Animal Subjects research is part of Subrecipient's Scope of Work at Subrecipient location.

- IACUC Approval Date: Yes No
- IACUC Approval Number:
- Pending:

7. Conflict of Interest:

This section is applicable to projects funded by PHS (NIH), NSF, or other sponsors that have financial interest disclosure requirements – *if this project is not funded by PHS (NIH), NSF, or other sponsor that has financial disclosure requirements, please leave blank.*

Check one of the following options on this page or the following page:

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.

PHS (NIH) Funded Projects **ONLY:** For all PHS (NIH) funded projects, if Subrecipient's policy applies, Subrecipient understands and agrees that it must report all identified financial conflicts of interests (as prescribed by 42 CFR Part 50 Subpart F) to UMB's Office of Research and Sponsored Programs (ORSPsubawards@umb.edu) prior to the expenditure of funds and within thirty (30) days of the execution of this form.

UMass Boston's [Policy for Promoting Objectivity in Biomedical Research](#) applies:

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees UMass Boston's Policy for Promoting Objectivity in Biomedical Research will apply to the Subrecipient's investigator(s) working on this project.

PHS (NIH) Funded Projects **ONLY**: For all PHS (NIH) funded projects, if UMB's policy applies, Subrecipient understands and agrees that it must submit all disclosures of significant financial interests to UMB's Office of Research and Sponsored Programs prior to the expenditure of funds and within ten (10) days of the execution of this form. Subrecipient should complete the non-UMB Individual Investigator Disclosure form and submit completed form to ORSPsubawards@umb.edu.

8. 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 or 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:

9. 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.

10. Drug Free Workplace.

The Subrecipient certifies compliance with The Drug Free Workplace Act of 1988 (41 USC 702)

Yes No

11. 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

12. System for Award Management.

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

Date of last certification:

13. 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;
 2. Note: upon notice of award issuance, a complete and signed [Financial Questionnaire](#) will be required
- 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 or ACO Name:	Phone:
Address:	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. 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:

Name and Title of Subrecipient's Authorized Official:

Email:
Phone:
Date:

Is Subrecipient owned or controlled by a Parent Entity (PE)? Yes No

If yes, please provide the following:

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