Clear Form

University of Kentucky

Office of Sponsored Projects Administration
109 Kinkead Hall, Lexington KY 40506-0057
Phone: (859) 257-9420; Fax: (859) 323-1060

Subrecipient Commitment Form

Primary Entity

To be completed by primary entity issuing the subaward

PI Name	PI Department	
PI Email	PI Phone	eRA Commons User Name *(NIH proposals only)*
Sponsor	Performance Start Date	Performance End Date
Proposal Title		

Are you registered in FDP Expanded Clearinghouse? ☐ Yes ☐ No If **YES**, please **SKIP** section D.

Subrecipient Entity

To be completed by the subrecipient entity (Sponsored Program/Business Office)

Entity's Legal Name		Entity Type	
Address		City	State / ZIP + 4
Country	Entity Identification Number (EIN)	Unique Entity Identifier (UEI)	Congressional District
Sponsored Program Administrative Name		Sponsored Program Administrative Email	
Sponsored Program Administrative Title		Sponsored Program Administrative Phone	

Check if Entity is: ☐ Less than or equal to 5 years old ☐ HUB-Zone or small disadvantaged business

Registered in SAM? ☐ Yes ☐ No

Subrecipient Performance Site Address

Address same as above? ☐ Yes ☐ No *If no, provide performance site address below.*

Address		City	State / ZIP + 4
Country	Entity Identification Number (EIN)	Unique Entity Identifier (UEI)	Congressional District

Subrecipient Principal Investigator (PI)

Subrecipient PI Name	Subrecipient PI Department	
Subrecipient PI Email	Subrecipient PI Phone	eRA Commons User Name (*NIH proposals only*)

Subrecipient Budget Request

Sponsor Budget

Direct $	Indirect $	Total $
		$ 0

Cost-Sharing (CS) Budget *(Must be in budget & budget justification)*

Direct CS $	Indirect CS $	Total CS $
		$ 0

F&A Rate (%)

Program Income: ☐ Yes ☐ No

Clinical Trial ☐ Yes ☐ No

Participant Support $: ☐ Yes ☐ No

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Section A: Compliance Information

Human Subjects: ☐ Yes ☐ No HHS/OHRP Human Subjects FWA No: _____

Approval Pending? ☐ Yes ☐ No Approval Date *(if approved)* : _____

Vertebrate Animals: ☐ Yes ☐ No Animal Welfare Assurance No: _____

Approval Pending? ☐ Yes ☐ No Approval Date *(if approved)* : _____

Export Control: Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws?

☐ Yes ☐ No ☐ Unknown at this time

Section B: Financial Conflict of Interest (FCOI) Compliance Statement

☐ The Subrecipient entity certifies that it has an active and enforced policy on conflict of interest that meets sponsor requirements, and that it shall make such policy available via a publicly available website or within five business days upon request. The Subrecipient further certifies that, to the best of their 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 conflict of interest policy, and (2) all identified financial conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement. The Subrecipient shall report any financial conflict of interest to UKRF's Administrative Representative within 45 days.

Name of Sponsor: _____

☐ The Subrecipient does not have an active and/or enforced conflict of interest policy that is compliant with sponsor requirements and hereby agrees to abide by UK's policy. To comply with UK's policy, please attach a completed "FCOI Disclosure for Non-UK Investigators" for each investigator on this project. Disclosure and training for each investigator must be complete prior to the execution of this contract and updated in accordance with UK and sponsor policy.

Name of Investigators on this subaward (name, role, and email). "Investigator" refers to all individuals who are responsible for the design, conduct or reporting of the research, or as otherwise defined by the prime sponsor.

	Investigator Name	Investigator Role	Investigator Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

☐ Not applicable because the project is not being funded by a federal agency or other sponsor that has conflict of interest disclosure requirements.

By signing this subrecipient agreement, the Subrecipient entity agrees to provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to the University of Kentucky Research Foundation with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report described in the reference section of the contract that provides timing of report submission.

The Subrecipient entity will make such data available via (e.g., Sharepoint, Teams, Box, etc.). _____

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Section C: Responsible Conduct of Research (RCR)

Only check if appropriate

☐ Not applicable because this proposal is not being funded by NSF or NIFA.

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

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

Section D: Facilities & Administrative Rate and Financial Audit

☐ F&A Rate Agreement or link _____

☐ Financial Audit or link _____

Section E: Checklist of Required Proposal Documents

☐ Statement of Work

☐ Budget & Budget Justification

☐ IRB and/or IACUC (*if applicable)*

☐ Subrecipient Commitment Form signed by Subrecipient's Authorized Official

☐ Other: _____

Section F: Subrecipient Approvals

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 in regard to 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.

Authorized Official Name	Title	Authorized Official Signature & Date Signed

FOR UNIVERSITY OF KENTUCKY USE ONLY - OSPA review completed by:

Collaborative Grant Specialist	Subaward Administrator	Date