University of South Alabama – Subrecipient Commitment Form Please complete and return with the *required* proposal documents: Statement of Work, Budget, and Budget Justification

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	formation			
USA PI:	PRIME SPONSOR:			
PROPOSAL TITLE:				
PERIOD OF PERFORMANCE:	TOTAL FUNDS REQUE	STED:		
Subrecipient Information				
Subrecipient Organization:				
Principal Investigator (name & email):				
Administrative Contact (name & email):				
IF Funded, send awards documents to (email address):				
Subrecipient Address with ZIP + 4 : Performance Site Address with ZIP + 4 :				
Congressional District Organization	Congressional District	Doufousous Ci	.	
Congressional District - Organization: DUNS: SAM UEI:	Congressional District – Performa SAM.gov expiration date:			
	<u> </u>	ate:	EIN:	
Required Subrecipient Certifications Do you have a negotiated Indirect Cost Rate Agreement with a U.S. cognizant agency?				
YES: Provide the URL or a copy with this form:	with a 0.3. cognizant a	agencyr		
NO: Unless other restrictions or sponsor conditions exist, the Uniform Guidance 15% de minimis rate will apply.				
Where the sponsor or funding opportunity restricts indirect costs, the proposed budget should use the sponsor/opportunity rate.				
Cost Sharing: YES Amount: \$				
If applicable, cost sharing amounts and justification must be	he included in the Sub	recipient budget		
Human Subjects Yes No If Yes: FWA#		Human Stem Cell	s Yes	No
Animal Subjects Yes No IF Yes: Assurance#		Animals Euthaniz		No
Please note: Copies of IRB/IACUC approval must be provided before a subaward will be issued.				
Subrecipient or Subrecipient Principal Investigator Debarred of Suspended			Yes	No
FCOI: Subrecipient has implemented a written policy for Investigator Financial Disclosure		isclosure Yes		N/A
and Conflict of Interest (FCOI) consistent with agency requirements.				,
RCR: Subrecipient certifies that a Responsible Conduct of Research (RCR) Training Plan Yes No N/A				
Is in place consistent with agency requirements.				
Export Control: Subrecipient certifies that an Export Control Office, or other authorized Yes No N/A				
Person, has reviewed the Subrecipient proposal for compliance with Federal Export Control Laws.				
Audit: Is Subrecipient subject to Uniform Guidance 2 CFR 200.331 Subpart F – Audit Requirements?				
YES: Most recent fiscal year audit completed:				
NO: USA requires Subrecipient to complete a financial status questionnaire before a subaward will be issued.				
Authorized Official Approval				
Approved by Subrecipient:				
I certify that my organization is correctly categorized as a S	Subrecipient and not a	Contractor. The	information a	and
certifications 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 the prime agency's				
policy in regard 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 subrecipient agreement are at				
the subrecipients's risk.				
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Signature of Subrecipient's Authorized Official		Date		
Name and Title of Authorized Official				
Name and Title of Authorized Official				