### (1) Project Information

<table>
<thead>
<tr>
<th>(a) Subrecipient Organization:</th>
<th>(e) UAA PI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Subrecipient PI:</td>
<td>(f) Proposal Title:</td>
</tr>
<tr>
<td>(c) DUNS Number:</td>
<td>(g) Prime Organization:</td>
</tr>
<tr>
<td>(d) Start &amp; End Date:</td>
<td>(h) Congressional District of Organization:</td>
</tr>
<tr>
<td></td>
<td>(i) Congressional District of Performance Site:</td>
</tr>
</tbody>
</table>

### (2) Documentation

<table>
<thead>
<tr>
<th>(a) Statement of Work (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Budget and Budget Justification (REQUIRED)</td>
</tr>
<tr>
<td>(c) This Subrecipient Commitment Form, completed and signed by the Authorized Organizational Representative (REQUIRED)</td>
</tr>
<tr>
<td>(d) Small/Disadvantaged Business Subcontracting Plan, in agency-required format</td>
</tr>
<tr>
<td>(e) Biographical Sketches of all Key Personnel, in agency-required format</td>
</tr>
<tr>
<td>(f) Other Support (Current and Pending) of all Key Personnel, in agency-required format</td>
</tr>
<tr>
<td>(g) Other:</td>
</tr>
<tr>
<td>(h) Other:</td>
</tr>
</tbody>
</table>

### (3) Certifications

<table>
<thead>
<tr>
<th>(a) Facilities &amp; Administrative (F&amp;A) Rates included in this proposal have been calculated based on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our federally-negotiated F&amp;A rates for this type of work, or a reduced F&amp;A rate that we hereby agree to accept. If this box is checked, a copy of your current F&amp;A rate agreement must accompany this form.</td>
</tr>
<tr>
<td>Other rate (Please specify in the Notes/Comments section below the basis on which this rate has been calculated.)</td>
</tr>
<tr>
<td>Notes and Comments:</td>
</tr>
<tr>
<td>(b) Fringe Benefit Rates included in this proposal have been calculated based on:</td>
</tr>
<tr>
<td>Rates consistent with or lower than our federally-negotiated rates. If this box is checked, a copy of your benefit rate agreement must accompany this form.</td>
</tr>
<tr>
<td>Other rates (Please specify in the Notes/Comments section below the basis on which these rates have been calculated.)</td>
</tr>
<tr>
<td>Notes and Comments:</td>
</tr>
<tr>
<td>(c) Human Subjects (IRB)</td>
</tr>
<tr>
<td>If yes, a copy of the IRB protocol approval and approved consent form is required. To avoid delays, please forward these documents to the UAA Office of Sponsored Programs as soon as they are available. (Just-In-Time): A copy of these approved documents must be provided to UAA before any subaward can be issued.</td>
</tr>
</tbody>
</table>
(d) Animal Subjects (IACUC)  Yes  No
If yes, a copy of the IACUC protocol approval is required. To avoid delays, please forward these documents to the UAA Office of Sponsored Programs as soon as they are available. (Just-In-Time): A copy of these approved documents must be provided to UAA before any subaward can be issued.

(e) Conflict(s) of Interest
Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research.” Subrecipient also certifies that, to the best of Subrecipient’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 conflict of interest policy; and (2) all identified 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. of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UAA’s policy.

(f) Matching/Cost Sharing (M/CS)  Yes  No
M/CS amounts and justification should be included in the Subrecipient’s budget.
Subrecipient agrees to track all expenditures and report match/cost-share to the prime awardee in accordance with the terms of the subaward agreement.

(g) A-133 Audit Status
Does the subrecipient obtain an annual audit in accordance with OMB Circular A-133?  Yes  No
If yes, has the audit been completed for the most recent fiscal year?  Yes  No
Were any material findings reported applicable to this subaward? (If yes, explain in the Notes/Comments below.)  Yes  No
If no, does the subrecipient receive federal funding of at least $500,000 per year?  Yes  No
Is the subrecipient a:  Non-profit entity  Foreign entity  For profit entity

Notes & Comments:

(h) Does the organization have in place established accounting systems?  Yes  No

(i) Does the organization have in place established procurement systems?  Yes  No

(j) Does the organization receive 80% or more of its annual gross revenues in Federal awards and are those revenues greater than $25 million annually?  Yes  No

(k) Does the public have access to information about the compensation of the top five executives of the organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?  Yes  No

Notes & Comments:

(4) Approvals of Subrecipient Organization
By signing this form, I certify that the above information, certifications and representations have been read, are understood, and are accurate and true to the best of my knowledge. The appropriate programmatic and administrative personnel involved in this application are aware of pertinent federal regulations and policies, and we are prepared to establish a subaward agreement with the University of Alaska Anchorage that ensures compliance with such regulations and policies should this proposal be funded.

(a) Authorized Organizational Representative:  
Signature  Date
Name and Title
Name of Subrecipient Organization
Address
City, State, Zip
Phone  Fax
E-mail

(b) Subrecipient Principal Investigator:  
Signature  Date
Name and Title
Name of Subrecipient Organization
Address
City, State, Zip
Phone  Fax
E-mail

Note: Any work begun or expenses incurred prior to execution of a subaward agreement is at the Subrecipient’s own risk.
Subrecipient Commitment Form Directions

This form is a fillable Adobe PDF file. This form, with the required documents (statement of work, budget, and budget justification), is required to be completed and signed by *each* subrecipient organization budgeted in a UAA proposal. Once completed, the form should be mailed directly to OSP. OSP will send a copy of the form back to the UAA department after proposal review for their records.

Section (1) Project Information

(a) Subrecipient: Type the name of the subrecipient organization
(b) Subrecipient PI: Type the name of the subrecipient PI
(c) DUNS Number: Type the DUNS number of the subrecipient organization
(d) Start & End Date: Type the start and end date of the proposed project
(e) UAA PI: Type the name of the UAA PI
(f) Proposal Title: Type the title of the proposed project
(g) Prime Organization: Organization making the award to UAA
(h) Congressional District of Organization: Type the congressional district of the organization
(i) Congressional District of Performance Site: Type the congressional district of the location where work on the project will be completed

Section (2) Documentation

The following documents, at a minimum, are required to be submitted to UAA by the subrecipient organization:

- A statement of work to be performed by the subrecipient organization/PI in the proposed project;
- An itemized budget and justification for the work to be performed by the subrecipient
- The Subrecipient Commitment Form, signed by the subrecipient organization’s Authorized Organizational Representative (AOR) and Principal Investigator (PI) of the subrecipient organization

Other documents may need to be submitted to UAA, based on the answers provided in Sections (3)-(4)

Section (3) Certifications

Answer the certification questions and attach any relevant documents as necessary (copy of F&A or benefits agreement, copy of IRB or IACUC protocols, etc.)

Section (4) Approvals of Subrecipient Organization

Fill in the information for the subrecipient organization’s AOR and PI, sign and date. We will accept an advance copy via fax or e-mail, but the original signatures should still be returned to UAA, OSP. Once completed, this form should be mailed to:

University of Alaska Anchorage
Office of Sponsored Programs
3211 Providence Dr. BOC3-368
Anchorage, AK 99508-4614

Questions? Contact the Office of Sponsored Programs: Telephone: (907) 786-1569 Fax: (907) 786-1021