UNIVERSITY of HAWAI'I SYSTEM

SUBRECIPIENT COMMITMENT FORM

Subrecipients who **do not** participate in the FDP Clearinghouse should complete this form. To determine if your organization is a participant, select "Find an Organization" at https://fdpclearinghouse.org.

Pass-Through Entity (PTE): University of Hawaii	**Subrecipient:**
PTE PI:	Sub PI:
PTE Federal Award No:	Subaward No:
Project Title:	
Subaward Period of Performance (Budget Period): Start: End:	Amount Funded This Action (USD): $
Estimated Project Period (if incrementally funded): Start: End:	Incrementally Estimated Total (USD): $

SECTION A – Classification & Eligibility

1. Subrecipient or Contractor

UH views a subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of a UH subrecipient are different from that of a contractor. The following chart outlines the general differences (refer to 2 CFR § 200.331 for additional criteria):

Subrecipient	**Contractor**
(a) Subrecipient's PI will have a significant role in programmatic decision making and assist the UH PI in achieving the project's goals and objectives.	(a) Provides routine goods and/or services to other customers or clients.
(b) Subrecipient will be subject to all of the compliance requirements from the prime award that are pertinent to the subrecipient (i.e. human / animal subjects, biological safety, conflicts of interest).	(b) Provides goods or services developed according to the specifications of the UH PI.
(c) Subrecipient will be expected to provide a complete copy of its most recent audit report or the URL link to a complete copy, before a subagreement can be established.	(c) Provides personnel services that are primarily advisory in Nature.
	(d) Provides other ancillary services related to the sponsored project per the instructions of the UH PI.

☐ **Yes** ☐ **No** My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

If "No", please contact the UH PI about procuring your organization's products and services as a contractor.

2. Debarment, Suspension, Proposed Debarment

(a) Is the subrecipient's **PI, any other employee, or student** participating in the project debarred, suspended or otherwise excluded from or ineligible to participate in federal assistance programs or activities?

☐ **Yes** *(If "Yes", explain in Section E, p.4)* ☐ **No**

(b) The subrecipient certifies to the best of its knowledge and belief, they:

(i) ☐ are ☐ are not presently debarred, suspended, proposed for debarment, or declared ineligible for award by any federal agency.

(ii) ☐ 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.

(iii) ☐ are ☐ are not — presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (ii) above.

(iv) ☐ has ☐ has not — within a three (3) year period preceding this offer, had one or more contracts terminated for default by any federal agency.

SECTION B – Budget Information

1. **Facilities and Administrative (F&A) Rates** included in this proposal have been calculated based on:

An F&A rate of_____% is being applied to this subaward. This rate is:

☐ Subrecipient's federally negotiated F&A rate. Please provide a copy of the F&A agreement or furnish a URL link

_____.

☐ A de minimis rate because Subrecipient does not have a federally negotiated F&A rate.

☐ A sponsor-imposed cap or reduced rate.

☐ A reduced rate voluntarily designated by Subrecipient. Please provide a copy of the F&A agreement or furnish a URL link

_____.

☐ Subrecipient voluntarily waives its right to indirect costs.

Note: A reduced rate or waiver will not be allowed if prohibited by any applicable award terms and conditions

2. **Fringe-Benefit (FB) Rates** included in this proposal have been calculated based on the following:

☐ Rates is consistent with or lower than subrecipient's federally negotiated rates
(If this box is checked, please attach a copy of your FB rate agreement or furnish a URL link to the agreement)

_____

☐ Based on actual rates or other rates *(Please specify the basis on which the rate has been calculated in Section E, p.3)*

☐ Not applicable *(no fringe benefits included)*

3. **Cost Sharing** ☐ **yes** ☐ **no** **Amount:** _____

If "*yes*," cost sharing amounts and justification must be included in the subrecipient's budget.

SECTION C – Regulatory Requirements

1. **Human Subjects** ☐ **yes** ☐ **no**

If yes, respond to the following:

a. Provide HHS/OHRP Human Subjects Federal Wide Assurance Number _____

b. Provide IRB approval status

☐ received (attach approval letter) ☐ pending (provide approval letter upon receipt)

c. Human Subjects Data will be exchanged under the Subaward (check all that apply)

☐ from subrecipient to UH ☐ from UH to subrecipient

d. UH will set forth the terms of the exchange of Human Subjects Data

☐ via separate Data Use Agreement (attach agreement)

2. **Animal Subjects** ☐ **yes** ☐ **no**

If yes, provide PHS/OLAW (Animal Welfare) Assurance Number_____and IACUC approval status:

☐ received (attach approval letter) ☐ pending (provide approval letter upon receipt)

3. **Biological Safety** ☐ **yes** ☐ **no**

If yes, provide IBC approval status:

☐ received (attach approval letter) ☐ pending (provide approval letter upon receipt)

4. **Financial Conflicts of Interest (COI)** *(Check one of the boxes below)*

☐ Not applicable because this project is not being funded by a prime sponsor adopting COI disclosure requirements (i.e. NIH, NSF).

☐ Subrecipient certifies that it abides by its own active and enforced COI policy that complies with the requirements of the prime sponsor.

☐ Subrecipient certifies that it does not have an active and enforced COI policy that complies with the requirements of the prime sponsor and agrees to abide by UH's COI policy (UH Executive Policy EP12.214 Conflicts of Interest and Commitment). Each of the subrecipient's investigators and key personnel must submit the Non UH employee "Significant Financial Interest Report" disclosure with this commitment form.

Note: Subrecipient shall report any COI to UH's Administrative Representative or COI contact, as designated in Attachment 3A. Any COI identified shall, when applicable, subsequently be reported to the prime awarding agency. Such report shall be made before expenditure of funds authorized in this subaward and within 45 days of any subsequently identified COI.

5. **Responsible Conduct of Research (RCR)** *(Check one of the boxes below)*

☐ Not applicable because this project is not being funded by NSF, NIH or USDA-NIFA or any other sponsor that has RCR requirements.

☐ Subrecipient certifies that it maintains an Institutional Plan that meets the sponsor's requirements for RCR training.

☐ Subrecipient does NOT have an Institutional RCR training plan and agrees to abide by UH's Institutional RCR training plan. (UH RCR Institutional Plan)

6. **Export Controls** *(Check one of the boxes below)*

Does this project involve export controlled items (e.g., data, information, technology) that will be created or shared by the subrecipient?

☐ **Yes** If 'Yes', refer to UH's Office of Export Controls for policy/information and attach all required forms**.**

☐ **No**

7. **Research Misconduct** *(Check one of the boxes below)*

☐ Not applicable because this project is not being funded by Public Health Services (PHS).

☐ Subrecipient certifies that it has an established, written and enforced policy on research misconduct/research integrity that is consistent with 42 CFR 93.

☐ Subrecipient does not have an established, written and enforced policy on research misconduct/research integrity that is consistent with 42 CFR 93, and agrees to abide by UH's Executive Policy 12.211 Policy for Responding to Allegations of Research and Scholarly Misconduct.

8. **Malign Foreign Talent Recruitment Program** *(Required)*

☐ In accordance with Section 10632 of the CHIPS and Science Act of 2022 (42 U.S.C. 19232), I certify that all senior/key personnel associated with this subaward are not a party to a malign foreign talent recruitment program. Guidelines available at https://research.hawaii.edu/orc/export-controls/foreign-talent-recruitment-program/.

9. **State of Hawaii Tax Clearance** *(Check one of the boxes below)*

☐ Subrecipient has provided, or will provide prior to execution of the subaward by UH, a current tax clearance from the State of Hawaii Director of Taxation and United States Internal Revenue Service as required by Hawaii law (Hawaii Revised Statutes (HRS) §103-53(c)). Tax clearances are only valid for six months from date of issue. A current tax clearance must also be provided before final payment can be made

☐ Subrecipient is not required to provide UH with a tax clearance because the total amount of the subaward is less than $25,000 (HRS §103-53(e) (1). A current tax clearance will be required if the subaward increases to $25,000 or more.

☐ Subrecipient is not required to provide a tax clearance to UH because subrecipient is a government agency (HRS §103-53(e) (4)).

NOTE: Subrecipients who fail to obtain their tax clearance in a timely manner may have payments delayed. Any work performed prior to receipt of a tax clearance is at subrecipient's own risk.

SECTION D – Audit & Financial Information

1. Does the subrecipient receive an annual audit in accordance with 2 CFR 200 Subpart F/OMB Circular A-133?

☐ Yes – Attach a copy of the most recent single audit report or provide the URL link to a complete copy:

_____

(a) Has the audit been completed for the most recent fiscal year?

☐ **Yes** – FY ended: _____

☐ **No** – FY ended: _____ audit will be completed by: _____

(b) Were any findings reported that could impact this subaward? ☐ **Yes** - Explain in Section E, p.4.

☐ **No**

☐ No – Complete and attach the UH Questionnaire (S-2) Subrecipient Questionnaire.

(a) Attach a copy of or URL link to any other financial audit most recently received: _____

2. Subrecipient certifies that during the most recent fiscal year:

☐ It has not been cited for noncompliance either as a subrecipient of another organization or as a direct recipient of federal funds.

☐ Project personnel and / or systems have not undergone significant changes.

SECTION E – Comments

Attach additional pages if necessary.

APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, signed, and made by an authorized official of the subrecipient named herein. **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)	(Address)
(Type or print name and title of Authorized Official)	(City, State, Zip)
(Name of Subrecipient's Organization/Institution)	(Phone)
(Federal Employer Identification Number (EIN))	(DUNS or Unique Entity Identifier (UEI))
(Date)	(Email)