SUBRECIPIENT COMMITMENT FORM



Section I: To be completed by all Subrecipients

| PASS-THROUGH ENTITY (P | TE) INSTITUTIOI | N INFORM | IATION | | | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-----------------|-------------------------------------------|-------------------|------------------|
| PTE PI | | | | | | | |
| PTE Institution | | | | | | | |
| Prime Sponsor | | | | | | | |
| Project Title | | | | | | | |
| | | | | | | | |
| SUBRECIPIENT INSTITUTIO | N INFORMATIO | N | | | | | |
| Institution | | | | | | | |
| Type of Organization | | | | | | | |
| FDP Expanded Clearinghouse Profile url (if applicable) | If you have a completed FDP Expanded Clearinghouse profile as of 1/9/23 and comply with all applicable certifications, INCLUDING PHS, DOE AND NASA FCOI Policies, please skip section II. | | | | | | |
| PI Name | | | | eRA Commons | | | |
| PI Phone | | | | PI E-Mail | | | |
| Project Period | | | | | | | |
| | If Research Security Training requirements apply, we confirm our covered individuals have completed the training in accordance with the requirements. | | | | | | |
| UEI | | | | Tax ID Number | | | |
| Performance Site Address | | | | Performance Sit | Performance Site Congressional District # | | |
| Direct Costs sharing) | | | F&A Costs | | | Total Costs | |
| Cost Sharing | Yes | No | Cost Sharing Amoun | t | | | |
| SUBRECIPIENT CONTACTS | | | | | | | |
| Administrative | | | | | E-Mail | | |
| | | | | | Phone | | |
| Fiscal Contact | | | | | E-Mail | | |
| | | | | | Phone | | |
| Authorized Official | | | | | E-Mail | | |
| | | | | | Phone | | |
| | | | | | | | |
| | YES/NO | APPROV PENDING | AL DATE OR | | YES/NO | APPROV PENDING | 'AL DATE OR G |
| Human Subjects | | | | Recombinant dNA | | | |
| Vertebrate Animals | | | | Select Agents | | | |
| Human Embryonic Stem C | ells | | | Program Income | | | |
| Section II: To be completed by non-FDP member institutions only | | | | | | | |

| D. APP | LICABLE RATES | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1. Facilities and Administration (F&A) Rate: % | | | | | |
| Please c | heck one of the following: | | | | |
| | Subrecipient's federally-negotiated F&A rate for this type of work. (A copy of the subrecipient's F&A rate agreement must be provided to the University of Missouri before a subaward will be issued.) | | | | |
| | Other rate (please specify the basis on which the rate has been calculated): | | | | |

| 2. Fringe Benefit Rate:% | | | | | | |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Please check one of the following: | | | | | | |
| 3 | Consistent with or lower than the subrecipient's federally-negotiated fringe benefit rate. (A copy of the subrecipient's fringe benefit rate agreement must be provided to the University of Missouri before a subaward will be issued.) | | | | | |
| | Other rate (please specify the basis on which the rate has been calculated): | | | | | |
| E. ASSUF | RANCES | | | | | |
| | ment, Suspension, Proposed Debarment | | | | | |
| ls the PI participa | or any other employee or student participating in this project debarred, suspended, or otherwise excluded from or ineligible for ation in federal assistance programs or activities? If the subrecipient is owned by a parent entity, is the parent entity debarred, ed, or otherwise excluded from or ineligible for participation in federal assistance programs or activities? Yes (please explain): | | | | | |
| | nization/institution certifies that it: (answer all questions below) | | | | | |
| is | is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts; | | | | | |
| is | is not presently indicted, or otherwise criminally or civilly charged, by a governmental entity; | | | | | |
| is | is not within three (3) years preceding this offer, 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; | | | | | |
| is | is not within three (3) years preceding this offer, subject to contract(s) termination by any federal agency for default. | | | | | |
| 2. Confl | ict of Interest | | | | | |
| | Subrecipient hereby certifies that it has a conflict of interest policy that complies with 42 CFR Part 50 for Public Health Service agencies or sponsors who have adopted this policy, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of the organization/institution'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 expenditure of any funds under a resulting agreement. | | | | | |
| | Subrecipient hereby certifies that it has a conflict of interest policy that complies Department of Energy COI Policy under FAL 2022-02. Subrecipient also certifies that, to the best of the organization/institution'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 expenditure of any funds under a resulting agreement. | | | | | |
| | Subrecipient hereby certifies that it has a conflict of interest policy that complies with NASA COI Policy under "Guidelines for Promoting Scientific and Research Integrity. Subrecipient also certifies that, to the best of the organization/institution'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 expenditure of any funds under a resulting agreement. | | | | | |
| | Subrecipient does not have an applicable conflict of interest policy listed above. Note: The Curators of the University of Missour will evaluate on a case-by-case basis each proposal including a subrecipient that does not have a conflict of interest policy that complies with 42 CFR Part 50, Subpart F. The Curators of the University of Missouri will not submit any application including subrecipients prior to review and resolution of associated concerns. | | | | | |
| | Not applicable because this project is not funded by the NIH, AHRQ, ATSDR, CDC, FDA, HRSA, IHS, SAMHSA, DOE, NASA, or any other sponsor that has adopted these federal financial disclosure requirements. | | | | | |

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| 3. Fiscal Responsibility | n certifies that its financial system is in accordance with ge | norally accounted accounting principles and (check | | | | | | |
| all that apply): | in certifies that its financial system is in accordance with ge | merany accepted accounting principles and (check | | | | | | |
| 1 | has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they | | | | | | | |
| maintains internal provision of contra | controls to assure that it is managing federal awards in coacts or grants; | mpliance with applicable laws, regulations, and the | | | | | | |
| complies with appl | icable laws and regulations; and | | | | | | | |
| can prepare appro | priate financial statements, including the schedule of expen | ditures of federal awards. | | | | | | |
| 4. Audit Status | | | | | | | | |
| Subrecipient receives | an annual audit in accordance with OMB Uniform Guidance | 2. | | | | | | |
| | year audit completed: | | | | | | | |
| | dings? • Yes • No | | | | | | | |
| URL for the subreci | pient's most recent audit report: | | | | | | | |
| Subrecipient DOES NO | OT receive an annual audit in accordance with OMB Unifor | m Guidance. | | | | | | |
| Subrecipient is a: | O Non-profit entity (under federal-funding threshold) | O Foreign entity | | | | | | |
| | O For-profit entity | O Government | | | | | | |
| In signing below and offering presently debarred, suspends or agency and are not deling U.S. Code, Section 1352, rest Integrity a PHS form 6349 go (441), Handicapped Individua Program Income; they have e (PL-89-544 as amended) and regarding human pluripotent women, children & minorities. This proposal has been review appropriate programmatic ar agree to accept the obligation agreement consistent with the | to participate in this research program, the Subrecipient Instituted, proposed for debarment, declared ineligible or voluntarily excuent on any federal debt; they are in compliance with the Drug Frictions on the use of federal funds for the purpose of lobbying; twerning Misconduct in Science; they have filed with DHHS complians (641), Sex Discrimination (639-A), and Age Discrimination (680 established policies in compliance with 45 CFR Part 46, Subpart All the Health Research Exchange Act of 1985 (Public Law 99-158); a stem cell research, transplantation of fetal tissue, recombinant Districtions in research. Wed and approved by the appropriate official(s) of Subrecipient and administrative personnel of Subrecipient involved in this applicant to comply with award terms, conditions, and certifications, and not policy. Any terms or rates included in the proposal described that the parties will be outlined in a separate formal Agreement. | cluded from receiving funds from any federal department free Workplace Act of 1988; they are in compliance with they have filed annually with the Office of Scientific liance offices certification forms governing Civil Rights (protection of human subjects); the Animal Welfare Act and that they are in compliance with NIH guidelines DNA and human gene transfer research, and inclusion of and certified to its accuracy and completeness. The cation are aware of the prime awarding agency's policies, is prepared to establish the necessary inter-institutional | | | | | | |
| supports the research outcor alignment with the timing red | n-U.S. entities will be required to provide access to copies of all la mes as described in the progress report, to the primary recipient quirements for Research Performance Progress Report (RPPR) sul confirm we will provide access and records on an annual basis. | with a frequency of no less than once per year, in | | | | | | |
| Name and Title | Signatu | ire/Date | | | | | | |