

PASS-THROUGH ENTITY (PTE) INSTITUTION INFORMATION – to be completed by PI of institute issuing the subaward

PTE PI Email					
Prime Sponsor Solicitation No.					
Prime Due Date			Project Title		
Required Proposal Documents	Statement of work	Budget/Justification	Letter of Commitment	Small Business Subcontracting Plan (only for contracts governed by FAR)	Certification of Current Costs/Pricing Data (only for contract governed by FAR)
	Current & Pending Support	Indirect Cost Rate Agreement	Other:		

A. SUBRECIPIENT INSTITUTION INFORMATION – to be completed by the subrecipient institution

Participates in the **FDP Expanded Clearing House**: If YES, complete sections A-F and return signed form. If NO, complete entire form and return.

FDP Expanded Clearinghouse Profile URL – skip if NO above

Institutions Legal Name				EIN No		UEI No	
Subrecipient PI Name Email				eRA Commons (NIH)			
Subrecipient PI Phone				Period of Performance			
Performance Site Address				Performance Site Congressional District #			
Total Costs		Direct Costs		Indirect Costs		Cost-share	

B. SUBRECIPIENT CONTACTS

Primary E-Mail		Phone	
Administrative		E-Mail	
Fiscal		E-Mail	
Authorized Official		E-Mail	

C. COMPLIANCE INFORMATION	YES/NO	APPROVAL DATE OR PENDING		YES/NO	APPROVAL DATE OR PENDING
Human Subjects			Recombinant DNA		
Vertebrate Animals			Select Agents		
Human Embryonic Stem Cells			Program Income		Most federal sponsors do NOT allow profit or fees on a federally funded sponsored project.
Export Control		Mark yes does anticipate use, transfer or development of items, software or technology that is export controlled.			
Malign Foreign Talent Program		Subrecipient Organization/Institution certifies they are aware of the Foreign Talent Recruitment Program Requirements of the CHIPS and Science Act of 2022 (Subtitle D Research Security, Sections 10631, 10632, and 10638 of the U.S. Public Law 117-167) and are willing to abide by all requirements should an award be issued.			
Responsible Conduct in Research*		Training and oversight in for NSF and USDA-NIFA awards for all personnel being supported.			
Safe Work Environment**		NSF only, off-campus research. By signing this Subrecipient Commitment Form the Authorized Official of the subrecipient certifies that the organization has a plan in place for this proposal, which is compliant with the NSF PAPPG.			

D. In signing below and offering to participate in this research program, the Subrecipient Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; has not been indicted for, or otherwise criminally or civilly charged by a government entity; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); 45 (CFR Part 50, Subpart F (conflict of interest); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research; and that all required training required for researchers and/or students will be conducted.

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The entity is properly categorized as a Subrecipient based on the scope of work proposed. The appropriate programmatic and administrative personnel involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy. Any terms or rates included in the proposal described herein are not binding upon the Pass-Through Entity. All terms and conditions between the parties will be outlined in a separate formal Agreement.

E. SUBRECIPIENT INSTITUTIONAL AUTHORIZED OFFICIAL:

Name | Title

Signature | Date

F. SUBRECIPIENT CLASSIFICATION

The requirements and responsibilities of a Subrecipient are different from those of a vendor/contractor as described in [2 CFR 200.331-333](#) Subrecipient and Contractor determination. Vendors are not subject to many of the flow-down provisions required of subawards, e.g., effort reporting under a federal award. It is therefore important that the work provided by any for-profit/commercial subrecipient be classified appropriately.

By signing this form, the subrecipient certifies that:

The goods and/or services we will provide under this transaction may be comparable to the goods and/or services we provide to many different customers during the course of our normal business operations; however, our entities goods and/or services will contribute to the objectives of the program, performance will be measured against these objectives and our entity will be responsible for making programmatic decisions. The entity is properly categorized as a Subrecipient based on the scope of work proposed.

G. FINANCIAL INFORMATION

IF FDP NO - complete the rest of the form

***Facilities and Administrative Rate** – Our federally negotiated F&A rate agreement is:

Attached

Available at: _____

We do not have a federally negotiated indirect rate and are using the 15% de minimis.

We previously had a federally negotiated rate (expired) and will apply for an extension.

We have applied other rates as required by the prime sponsor policies/guidelines.

Not applicable – Subrecipient is not requesting payment of indirect costs.

***Fringe Benefit Rates**

We have applied rates consistent with or lower than our federally negotiated rates. Our negotiated rate agreement is:

Attached

Available at: _____

We do not have a federally negotiated rate and have applied actual fringe benefits. In the box provided we have specified the benefit categories and calculation or have included an attachment.

H. CERTIFICATIONS

Conflict of Interest (COI) – select one:

Subrecipient Organization/Institution certifies that it **does have**: 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 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 any resulting agreement.

Subrecipient Organization/Institution **does not have** a compliant COI policy and therefore will abide by UMaine's policy, available at: <https://umaine.edu/research-compliance/financial-conflict-of-interest/>. Each “investigator” listed on the proposal must:

1. Complete the required Conflict of Interest training in CITI by following directions under Procedures- <https://umaine.edu/research-compliance/financial-conflict-of-interest/policy-procedures/>
2. Complete the Investigator Financial Conflict of Interest Certification https://umaine.edu/research-compliance/wp-content/uploads/sites/445/2024/05/SubrecipientOnly_InvestigatorFinancialCOICertification_3-25-22.pdf.
3. If necessary (i.e. if investigator determines s/he has a Significant Financial Interest related to the proposed activity), complete and submit a signed Significant Financial Interest Disclosure Form. https://umaine.edu/research-compliance/wp-content/uploads/sites/445/2024/08/SignificantFinancialDisclosure_March2022_.pdf

Conflict of Interest training is required by each investigator prior to engaging in any research related to any contract/grant.

Debarment and Suspension – answer each question:

- | | | |
|-----------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Subrecipient, the PI, or any other employee or student participating in this project | ARE | ARE NOT debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contracts, or activities. |
| 2. Subrecipient, the PI, or any other employee or student participating in the project | ARE | ARE NOT presently indicted for, or otherwise criminally or civilly charged by, a government entity. |

3. Subrecipient **HAS** **HAS 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.
4. Subrecipient **HAS** **HAS NOT** within three (3) years preceding this offer, had any contract terminated for default by any federal agency. If affirmative, explain below:

Lobbying

By signing this Subrecipient Commitment Form the Authorized Official of the subrecipient certifies for the organization that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. See Section 1352, Title 31, U.S. Code.

If "No," explain below:

***Responsible Conduct of Research (RCR) - For NSF, NIH, & USDA-NIFA funded projects. Check all that apply.**

The organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under Section 7009 of the "America COMPETES ACT" PUBLIC LAW 110-69-August 9, 2007 and Public Health Service (PHS) under National Health Institute (NIH) guidance.

Subrecipient organization hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by the project will be trained in the responsible and ethical conduct of research, as applicable.

Subrecipient organization hereby certifies that it will ensure that all program directors, faculty, undergraduate students, graduate students, postdoctoral researchers, and any staff participating in the research project will be trained in the responsible and ethical conduct of research, as required per USDA-NIFA terms & conditions.

Not Applicable

****Safe and Inclusive Working Environments for Off-Campus or Off-Site Research – Applicable to NSF only.**

Does the scope of work proposed by the subrecipient involve conducting research activities [off-campus or off-site](#)? NSF has described off-campus or off-site as data/information/samples being collected off-campus or off-site, such as fieldwork and research activities on vessels and aircraft.

By signing this Subrecipient Commitment Form the Authorized Official of the subrecipient certifies that:
The organization has a plan in place for this proposal, which is compliant with the NSF PAPPG.

I. AUDIT STATUS

Your organization **does** receive an annual audit in accordance with Uniform Guidance [2 CFR 200.514](#) and you are providing a complete copy of the most recently completed audit report:

Attached

Available at: _____

If there were any findings or exceptions noted under the most recently completed audit related to the University of Maine System, please attach a letter of explanation.

If your organization **does not** receive an annual audit in accordance with Uniform Guidance, please indicate why your organization is not subject to 2 CFR 200.514 audit requirements below. Additionally, you will need to complete an **audit questionnaire** prior to the establishment of a subaward agreement.

My organization is a foreign entity.

My organization is a for-profit entity.

My organization is a U.S. government entity.

My organization expended less than \$1,000,000 (on or after October 1, 2024) during the fiscal year in federal awards.

J. HIGHEST COMPENSATED OFFICERS

Exempt from reporting executive compensation: **YES** **NO** - *If no, complete information below*

Highest Compensated Officers The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(d), 78o(d) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1). Internal Revenue Code of 1986.

Officer 1 Name:	
Officer 1 Compensation:	
Officer 2 Name:	
Officer 2 Compensation:	
Officer 3 Name:	
Officer 3 Compensation:	
Officer 4 Name:	
Officer 4 Compensation:	
Officer 5 Name:	
Officer 5 Compensation:	