



# UNIVERSITY of VIRGINIA

## Consortium Commitment Form

Any organization planning to enter into a collaborative subrecipient relationship with the University of Virginia (UVA) must complete this form at the proposal stage. Please answer the following questions to determine if a formal partnership can be established between the subrecipient organization and UVA.

Is the subrecipient organization presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any Federal Department or Agency?

Yes  
No

Is the subrecipient organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

Yes  
No

If the subrecipient answered "Yes" to either of the above questions, it may not be possible to establish a subaward agreement with the organization.

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### Application type

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### SUBRECIPIENT LEGAL INFORMATION

#### LEGAL NAME

#### ADDRESS

CITY

STATE

COUNTRY

POSTAL CODE

CONGRESSIONAL DISTRICT

DUNS

EIN

SAM Registration Expiration Date

Information about SAM Registration can be found [here](#)

#### ADMINISTRATIVE OFFICIAL

TITLE

#### ADDRESS

CITY

STATE

COUNTRY

POSTAL CODE

PHONE

EMAIL

PROJECT INFORMATION

PRIME SPONSOR

UVA PI

PROJECT TITLE

PROJECT PERIOD

START

END

SUBRECIPIENT's TOTAL FUNDS REQUESTED

SUBRECIPIENT PI

POSITION

DEPARTMENT

ADDRESS

CITY

STATE

COUNTRY

POSTAL CODE

PHONE

EMAIL

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CERTIFICATIONS

Facilities and Administrative Rates

Federally negotiated rate

Rate(s) applied

Sponsor's approved rate

Other

Date of agreement

Please provide a copy or link to the subrecipient's F&A Rate Agreement

**Fringe Benefits Rates**

**Federally negotiated rate**  
**Sponsor's approved rate**  
**Other**

Rate(s) applied

Date of agreement

Please provide a copy or link to the subrecipient's Fringe Benefits Rate Agreement

**Human Subjects**

**Yes**  
**No**

Federal-Wide Assurance Number

IRB approval date

*If "Yes", the IRB approval(s) must be provided before any subaward/subcontract will be issued.*

Have all key personnel completed Human Subjects Research training?

Yes  
 No

**Animal Subjects**

**Yes**  
**No**

Animal Welfare Assurance Number

IACUC approval date

*If "Yes", the IACUC approval(s) must be provided before any subaward/subcontract will be issued.***Ethics in Research Training**

Subrecipient certifies that all individuals involved in research (e.g. students, postdoctoral fellows, technical personnel, faculty, etc.) will be trained in the responsible and ethical conduct of research.

Yes      No

## Financial Conflict of Interest

Subrecipient organization/institution hereby certifies that it has in place an active and enforced financial conflict of interest policy that complies with the provision of 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research” (NIH applications), or provision of AGG Chapter IV.A "Conflicts of Interest Policies" (NSF applications). Subrecipient also certifies that, to the best of the 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 resultant agreement.

[42 CFR Part 50, Subpart F](#) (NIH applications) | [AGG Chapter IV.A](#) (NSF applications)

Please provide a copy or link to the subrecipient's Financial Conflict of Interest Policy

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UVA's policy and related procedures.

All subrecipient investigators (defined as “The principal investigator and any other person who is responsible for the design, conduct, or reporting of the research”) must complete the University of Virginia’s [Annual Disclosure of Financial Interests with Outside Entities form](#).

[UVA's Conflict of Interest Policy](#)

## Audit Status

Subrecipient DOES receive an annual audit in accordance with OMB Circular A-133.

Please provide a copy or link to the subrecipient's most recent fiscal year A-133/Single Audit

Were any audit findings or Management Responses reported?	Yes
	No

Please provide a copy or link to the subrecipient's audit findings and/or Management Response Letter

Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.

Subrecipient is a (check all that apply):

Non-profit entity (under federal threshold of \$750,000 per year of Federal Assistance funding per UG 200.501(d))

For-profit entity

Foreign entity

Government entity

If subrecipient does not receive an A-133 audit, please complete the following:

Subrecipient's financial statements are audited by a government agency or an independent public accountant.

Please provide a copy or link to the subrecipient's most recent fiscal year audit

Subrecipient's financial statements are NOT audited by a government agency or an independent public accountant.

Please complete the [Mini Audit Questionnaire](#).

### **Responsible Conduct of Research (RCR)** (for NSF-funded projects only)

Subrecipient certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69- August 9, 2007.

Yes          No

Subrecipient certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

Yes          No

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### **REQUIRED SUPPORTING DOCUMENTS**

Statement of Work

Detailed Budget

Budget Justification

Biosketches of key personnel  
(Continuations: NEW key personnel)

Resources/Facilities

Letters of Support (if applicable)

All personnel report (Continuations only)

Regulatory approvals (Continuations only)

Subrecipient 3B form

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APPROVAL

**APPROVED FOR SUBRECIPIENT:** The information, certifications, and representations above have been read and approved by an authorized official AND principal investigator of the subrecipient institution named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency 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 subaward/subcontract agreement are at the subrecipient's own risk. No work involving human subjects and/or animal subjects may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

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Signature of subrecipient's Principal Investigator  
(e-signature is preferred)

Date

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Signature of subrecipient's Authorized Signing Official  
(e-signature is preferred)

Date

Name and title of Signing Official

Phone

Email