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## SUBRECIPIENT COMMITMENT FORM

Entity Information	
Subrecipient Legal Name:	
Subrecipient's EIN: UEI* required if federa	I flow through
Type of Organization: Busine	ss Classification:
Email Address to Send any Future Subawards:	
Legal Address:	
Congressional District:	
Project Information  UC ANR Principal Investigator:	Prime Sponsor:
Proposal Title:	Tillio opolisor.
Subrecipient Principal Investigator:	
Subrecipient Performance Period: Begin Date:	End Date:
Amount Requested: Cost Share Amount:	Life Bato.
Primary place of performance:  same as legal address	
	Congressional District
City: State: Nine Digit Zip code:	Congressional District: Country:
Section A - Proposal Documents. The following documents	are included in our cubaward proposal submission
Statement of Work (required)	Budget and budget Justification (required)
☐ Current and Pending Support	☐ Key Personnel Biosketches
Letter of Commitment signed by Authorized Official	Other:
Letter of Commitment signed by Authorized Official	
Section B – Project Information	
1. Subrecipient Classification	
Subrecipient	Vendor
-Responsible for significant programmatic decision-making -Responsible for adherence to applicable sponsor program compliance	-Provides goods and services within normal business operations -Provides similar goods or services to other customers
-Responsible for significant programmatic decision-making	-Provides goods and services within normal business operations
-Responsible for significant programmatic decision-making -Responsible for adherence to applicable sponsor program compliance requirements -Uses sponsor funds to carry out a Scope of Work for UC ANR -Statement of work may result in intellectual property or publishable results	-Provides goods and services within normal business operations -Provides similar goods or services to other customers -Provides goods or services that are ancillary to UC ANR's sponsored project -Is not subject to compliance requirements of UC ANR's sponsor
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Section C – Rates and C	
1. Facilities and administr	
	federally negotiated F&A rates. Our rate agreement is:
Attached	Available at:
Other rates - Plea	ase specify the basis on which the rate has been calculated:
2. Fringe Benefit Rates	
	federally negotiated fringe rates. Our rate agreement is:
☐ We have applied our	Available at:
	derally-negotiated rate and have applied actual fringe benefits (specify the benefit categories below).
	the basis on which the rate has been calculated in comments below.)
3. Debarment and Suspen	
	loyee or student participating in this project debarred, suspended or otherwise excluded from or
	in federal assistance programs or activities?
☐ Yes ☐ No	If yes, please explain in Section D below.
The Subrecipient certifies	they: (answer all questions below)
are are not	presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal
	contracts
☐ are ☐ are not	presently indicted for, or otherwise criminally or civilly charged by a government entity
☐ have ☐ have not	within three (3) years preceding this offer, been convicted of or had a civil judgment rendered
- Have - Have Het	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 of 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
☐ have ☐ have not	within three (3) years preceding this offer, had one or more contracts terminated for default by any
☐ nave ☐ nave not	within three (3) years preceding this offer, had one of more contracts terminated for deradit by any
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	federal agency
4 Conflict of Interest (FC)	
4. Conflict of Interest (FC	OI)
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☐ Our organization certing investigator has computed in our organization will a cog@ucanr.edu to recog@ucanr.edu.	OI)  ifies that we have a PHS compliant Financial Conflict of Interest Policy in place and that each pleted the required PHS FCOI Training, (42 C.F.R. Part 50, Subpart F and 45 C.F.R. Part 94). abide by UC ANR's Individual Conflicts of Interest Involving Research Policy. Please contact quest a copy of our PHS COI Financial Disclosure Form and training.
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