

<b>UCF Research &amp; Commercialization Contract and Grant Policy and Procedure</b>	<b>Page <u>1</u> of <u>2</u></b>
<b>Section: Subawards</b>	
<b>Proposal stage requirements</b>	

**Purpose:**

Establish the minimum requirements for the use of subawards at proposal stage.

**Definitions** (adapted from 2CFR200):

**Subaward.** *Subaward* means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a sponsored project received by the pass-through entity.

**Subrecipient.** *Subrecipient* means an entity that receives a subaward from a pass-through entity to carry out part of a sponsored program.

**Pass-through entity.** *Pass-through entity (PTE)* means an entity that provides a subaward to a subrecipient to carry out part of the sponsored program.

**Policy:**

UCF will gather the minimum required information from the subrecipient at the proposal stage in order to comply with agency and institutional guidelines. Any additional information needed will be gathered at the time of award.


**Process:**

1. PI will inform the Unit Research Administrator and the Pre-Award Office of the intention to include a subrecipient as early as possible through the ARGIS Proposal Transmittal Form (PTF) process.
2. Unit Research Administrator will send an electronic copy of the [UCF Subrecipient Letter of Intent \(Sub LOI\) Form](#) to the subrecipient institution (Sub PI, Sub PI designee, or Sub PI Institutional Official).
3. A completed copy of the Sub LOI with supporting documents must be included with the proposal to be routed through the ARGIS PTF process not less than five days before the sponsoring agency deadline. This fillable form must be signed by the subrecipient institutional official (electronic signature allowed).
4. Supporting documents for the Sub LOI will include:
  - a copy of the statement of work to be completed by the subrecipient
  - the subrecipient budget, including indirect costs
  - a budget justification which meets the stated requirements of the sponsoring agency
  - any additional information required by the sponsoring agency per agency guidelines
  - completed subaward predetermination form (see item 5, below)
  - Subrecipient Commitment Form completed by the subrecipient (FDP Expanded Clearinghouse members may omit this form)
  - Audit Certification and Financial Status Questionnaire completed by the subrecipient (Only applicable to organizations not subject to the Single Audit Act)
5. In accordance with 2CFR200.330, a predetermination of role as either a subrecipient or contractor (vendor/consultant) is required at the time of proposal. This determination is made based upon the scope of work, rather than preference of PI or subrecipient. The PI or PI delegate will complete the UCF

[Subaward Predetermination Form](#), or statement of rationale for subaward, and forward as a supporting document for review by the UCF PreAward manager for determination.

In the event of a difference of opinion regarding the predetermination of role as either a subrecipient or contractor, additional guidance will be sought from UCF Research Compliance Director.

6. Additional information will be gathered at the time of award or “Just In Time” notification, if needed. The UCF PreAward Office will work with the PI and act as liaison with the subrecipient institutional officials in order to put a subaward agreement in place as expeditiously as possible at the time of award.

<b>Original Issue Date:</b> <b>08/22/2017</b>	 <b>UCF</b>	<b>Revised Dates:</b> <b>3/21/18 (js)</b>
<b>Approval:</b>  <i>Jennifer Shambrook, Ph.D.</i> <hr/> <b>Director</b>		
		<b>8/22/2017</b> <hr/> <b>Date</b>

Attachments:

UCF Sub LOI

UCF Subaward Predetermination Form

UCF Subrecipient Commitment Form

UCF Audit Certification and Financial Status Questionnaire

UCF Outgoing Subaward Processing Checklist

# SUBRECIPIENT LETTER OF INTENT

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The University of Central Florida Board of Trustees
Sub DUNS:		PTE DUNS:	150805653

Sub Principal Investigator:		PTE Principal Investigator:	
Sub Internal Project Identifier (optional):		PTE RID#:	

Project Title:			
Prime Awarding Agency:		Complete Project Period:	Start:                      End:
Total Proposed Amount for Complete Project Period:	\$	Cost Sharing Amount for Complete Project Period:	\$

*If Cost Sharing, a separate cost share budget and justification should be attached.*

**Project Facilities & Administrative Rates (check one):**

- ☐ Federally negotiated F&A rate
- ☐ A reduced F&A rate dictated by the prime awarding agency
- ☐ 10% de minimis MTDC rate based on 2 CFR 200.414(f) "Indirect F&A Costs"

**Conflict of Interest (check one):**

- ☐ Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that conforms to 42 CFR Part 50.604 Subpart F and that 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 does not have an active or enforced conflict of interest policy hereby agree(s) to comply with the University of Central Florida's policies and procedures (available at <http://www.coi.ucf.edu>) relating to financial conflicts of interest. In accordance with this commitment, each Investigator(s), defined as persons responsible for the design, conduct, or reporting of this work, will submit a Subrecipient Disclosure Form prior to the expenditure of funds and complete CITI conflict of interest training within 30 calendar days of agreement execution.

**Project Use Information:**

Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Stem Cells <input type="checkbox"/> Yes <input type="checkbox"/> No	Genomic Data Sharing <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---

*If Yes, please forward approval(s) to PTE PI as soon as available as approval(s) must be provided before any subaward can be issued.*

**Sub Institutional Authorized Official Information:**

**PTE Departmental Contact Information:**

Sub Name/Title:		PTE Name/Title:	
Sub Phone:		PTE Phone:	
Sub Email:		PTE Email:	
Sub Email for Awards (if different from above):			
Is Sub a participating organization of the FDP Expanded Clearinghouse? <input type="checkbox"/> Yes                      No <input type="checkbox"/>			

*If NO, additional audit and compliance information will be required before any subaward can be issued at time of award.*

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient 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.

***The following documents are attached to this Statement of Intent:***

<input type="checkbox"/> Sub Statement of Work (required)	<input type="checkbox"/> Sub Budget Justification (required)
<input type="checkbox"/> Sub Detailed Line Item Budget (required)	<input type="checkbox"/> Other: _____

---

Signature of Subrecipient's Authorized OfficialDate

---

Name and Title of Subrecipient's Authorized Official

**University of Central Florida**  
Office of Research and Commercialization/C&G  
**Determination/Prequalification Review Checklist:**  
**Subrecipient or Contractor/Vendor**

**Name of Outside Entity:** \_\_\_\_\_  
**Type of Entity:** ☐ Domestic non-profit ☐ Domestic for-profit ☐ Foreign ☐ Individual

The following should be analyzed in order to determine whether a "Subrecipient" or a "Contractor/Vendor" relationship exists. It is important to consider the substance of the relationship when determining whether a "Subrecipient" or a "Contractor/Vendor" relationship exists. 2 CFR Subpart 200.330-Subrecipient and contractor determinations, defines "Subrecipient" and "Contractor" relationships as follows:

**2 CFR Subpart 200.93- Subrecipient** means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A "Subrecipient" may also be a recipient of other Federal awards directly from a federal awarding agency.

**2 CFR Subpart 200.23- Contractor** means an entity that receives a contract as defined in 2 CFR Part 200.22.

-----  
Check all that apply:

**Subrecipient:**

- ☐ Has its performance measured against whether the objectives of the Federal program are met.
- ☐ Has responsibility for making programmatic decisions.
- ☐ Has responsibility for adherence to applicable Federal program compliance requirements.
- ☐ Uses Federal funds to carry out a program of the organization as compared to providing goods or services for a program of the pass-through entity.
- ☐ Determines who is eligible to receive Federal financial assistance.
- ☐ Is subject to compliance requirements of the Federal program and/or non-federal sponsoring agency.

**Contractor/Vendor:**

- ☐ Provides the goods or service within its normal business operations.
- ☐ Provides similar goods or services to many different purchasers.
- ☐ Operates in a competitive environment.
- ☐ Provides goods or services that are ancillary to the operation of the Federal program.
- ☐ Is not subject to compliance requirements of the Federal program and/or non-federal sponsoring agency.

-----  
**NOTE:** 1. As there are exceptions to the above list of characteristics, judgment must be used in determining whether an outside entity will be classified as a "Subrecipient" or as a "Contractor/Vendor." In making this determination, the substance of the relationship defines the type of agreement to be issued by UCF to the outside entity.

2. If services to be provided involve advising and/or consulting, not project-programmatic engagement, provider will be considered a "Consultant" (could be either an entity or an individual), and therefore not subject to the issuing of a Subaward Agreement, but rather to a Consulting Agreement if an award is made by the sponsoring agency to UCF. In the event of questions, please contact your ORC's Pre-Award Administration staff (at proposal stage) to discuss pertinent course of action.

-----  
**I. To be completed by the Principal Investigator/ RID# \_\_\_\_\_:**

Based on the analysis of the above definitions and considerations, the subject outside entity is determined to be a:

(Please select only one): ☐ Subrecipient ☐ Contractor/Vendor ☐ None of these two classifications

-----  
Principal Investigator (Typed Name)

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**II. ORC's C&G/Pre-Award Determination:** Above Determination by PI is:

☐ Verified/Confirmed; ☐ Not verified/Require changes as follows:

From: ☐ Subrecipient to Contractor or From: ☐ Contractor to Subrecipient

-----  
ORC's Reviewer (Typed Name)

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**III. Verification of Pre-Award Determination by ORC's C&G/SUBAWARD UNIT STAFF:**

☐ Verified/Confirmed, or

☐ Change of Pre-Award Determination is required:

From: ☐ Subrecipient to Contractor

or From: ☐ Contractor to Subrecipient

-----  
ORC Reviewer (Typed Name)

Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## SUBRECIPIENT COMMITMENT FORM

Subrecipients must complete this form when submitting a proposal to UCF.  
Please complete and return this form to the UCF Authorized Representative identified below.

### SECTION A: Organization Information

Legal Name of Subrecipient's Organization/Institution		Name: Subrecipient Technical Lead    Email:	
Address		City, State, Zip	
Federal Employer Identification Number (EIN)	DUNS or DUNS+4 Number	Congressional District/s	
Subrecipient Parent Entity Legal Name (if applicable)		Subrecipient Parent Entity Address	
Parent Entity Congressional District	Parent Entity DUNS or DUNS+4 Number	Parent Entity Employer Identification Number (EIN)	
UCF's Prime Sponsor	UCF's Technical Lead	Proposed Project Period	
Project Title			

### SECTION B: Certifications

1. Is Subrecipient registered in the **System for Award Management (SAM)** (formerly the Central Contractor Registration)?

Yes ☐ No ☐

2. **Facilities and Administrative Rates**

Does your organization has a Federally Negotiated F&A Rate? Yes ☐ NO ☐

Facilities and Administrative Rates included in this proposal have been calculated based on:

☐ Federally-negotiated F&A rates for this type of work  
(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)  
**URL:**

☐ 10% de minimis MTDC rate based on 2 CFR 200.414(f) "Indirect F&A Costs"

☐ Rate limited to \_\_\_\_\_ percent ☐ MTDC or ☐ TDC in accordance with proposal solicitation

☐ Other rates (please specify the basis on which the rate has been calculated in **Section G** below).

3. **Fringe Benefit Rates** included in this proposal have been calculated based on:

Rates consistent with or lower than our federally-negotiated rates

(If this box is checked, please attach a copy of your Fringe Benefit rate agreement or provide a URL link to the agreement.)

**URL:**

Other rates (please specify the basis on which the rate has been calculated in **Section F** below and affirm the rates are consistently applied to all sponsored research proposals).

4. Is Subrecipient a **Small Business Concern** as defined in 13 CFR 124.1002?

Yes ☐ No ☐

If YES, Subrecipient represents that it is a: Select One

5. Does Subrecipient have a **Government-approved property control system**?

Yes ☐ No ☐

6. Is Subrecipient registered with the **Directorate of Defense Trade Controls (DDTC)**? Yes ☐ No ☐

## 7. **Debarment and Suspension**

Is the Subrecipient's Technical Lead or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities?

Yes ☐ No ☐

The Subrecipient 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 for, or otherwise criminally or civilly charged by a government entity.

☐ 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.

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

## SECTION C: Conflict of Interest

### 8. **Conflict of Interest Certification**

Is this project funded by PHS, NSF, or any other sponsor that has adopted the federal financial requirements? Yes ☐ No ☐

If YES, please select one of the responses below:

- ☐ Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR 50, Subpart F and 45 CFR 94, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient further certifies that, to the best of its knowledge, 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 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.
- ☐ Subrecipient certifies that it has an active and enforced COI policy that is consistent with the provisions of NSF Award and Administration Guide, Chapter IV - Grantee Standards, A. Conflict of Interest Policies. Subrecipient further certifies that, to the best of its knowledge, 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 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.
- ☐ Subrecipient does not have an active or enforced conflict of interest policy hereby agree(s) to comply with the University of Central Florida's policies and procedures (available at <http://www.coi.ucf.edu>) relating to financial conflicts of interest. In accordance with this commitment, each Investigator(s), defined as persons responsible for the design, conduct, or reporting of this work, will submit a Subrecipient Disclosure Form prior to the expenditure of funds and complete CITI conflict of interest training within 30

calendar days of agreement execution.

☐ No individuals have been identified as Investigators

☐ Names of individuals identified as Investigators are shown below:

Investigator Name
1.
2.
3.
4.
5.

## SECTION D: Audit Status

### 9. Audit Status

Subrecipient expended \$750,000 or more in federal funds in Subrecipient's last fiscal year, and received a single or program-specific audit for that year in accordance with 2 CFR 200 Subpart F.

a. Most recent fiscal year (FY) completed: **FY:** \_\_\_\_\_  
(Please attach a copy of your most recent audit or provide a URL link to the document.)  
**URL:**

b. Were any Research Cluster audit findings reported? **Yes** ☐ **No** ☐

If **YES**, the audit finding(s) considered a: Select One

Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR 200 Subpart F because  
Subrecipient is Select One

If Subrecipient does not receive an annual audit in accordance with 2 CFR 200 Subpart F:

Please complete the [Audit Certification and Financial Status Questionnaire](#). A limited scope audit may be required.

## SECTION E: Project Information

10. Will **Human Subjects** be involved in this project? **Yes** ☐ **No** ☐

\_\_\_\_\_  
Determination of Exemption or IRB Approval Date

\_\_\_\_\_  
IRB Protocol Number

If **YES**, a copy of the determination of exemption or IRB approval must be provided to the UCF Administrative Contact listed below before a subaward may be issued. If not attached here, obtain approval as required and forward these documents to UCF's PI and to UCF's Authorized Representative identified below.

If **YES**, and proposal is to **NIH**, all key personnel engaged with human subjects must take NIH human subjects research training or other human subjects research training as required by NIH [http://grants.nih.gov/grants/policy/hs/hs\\_policies.htm](http://grants.nih.gov/grants/policy/hs/hs_policies.htm)

a) Have all key personnel involved in the project completed human subjects training? **Yes** ☐ **No** ☐

11. If human subjects are involved in this project, does your organization/institution have a Federal Wide Assurance Number? **Yes** ☐ **No** ☐

\_\_\_\_\_  
FWA Number

12. Will **Animals** be involved in this project? ☐ **Yes** ☐ **No**

\_\_\_\_\_  
IACUC Approval Date

\_\_\_\_\_  
IACUC Protocol Number



If **YES**, a copy of the IACUC approval must be provided to the UCF Administrative Contact listed below before a subaward may be issued. If not attached here, obtain approval as required and forward these documents to UCF's PI and UCF's Authorized Representative identified below.

13. **Cost Sharing:** ☐ Yes ☐ No **Amount:** \$

*Cost sharing amounts and justification should be included in Subrecipient's proposal.*

14 Will there be an exchange of confidential information (requiring a **Confidential Disclosure Agreement**) associated with this project? ☐ Yes ☐ No

15 Will there be an exchange of materials (requiring a **Material Transfer Agreement**) associated with this project? ☐ Yes ☐ No

#### SECTION F: Research Misconduct Assurance:

16 Is this project funded by PHS? ☐ Yes ☐ No

If **YES**, please select one of the responses below:

Does your organization/institution have a **Research Misconduct (RM) Assurance of Compliance** on file with the DHHS Office of Research Integrity (ORI)? ☐ Yes ☐ No

If **YES**, provide the RM Assurance Number: \_\_\_\_\_

If **NO**, please complete the [DHHS PHS Assurance of Compliance by Sub-Award Recipients Form](#) and submit to the ORI address indicated at the bottom of the form. Please provide a copy of the completed form to UCF. Assurance program inquiries should be sent directly to ORI [AskORI@hhs.gov](mailto:AskORI@hhs.gov).

The following documents are attached to this **Subrecipient Commitment Form** and included in Subrecipient's proposal submission being submitted for UCF's consideration and are covered by the certifications below: *(check as applicable)*

☐ **STATEMENT OF WORK** (required at proposal)

☐ **BUDGET AND BUDGET JUSTIFICATION** (required at proposal)

☐ Most recent **FINANCIAL AUDIT** (required at proposal)

☐ Most recent **W-9** (required to issue subaward)

☐ **CERTIFICATE OF CURRENT COST OR PRICING DATA**

*(required for awards exceeding \$700,000 and where price was not established by adequate price competition by catalog prices or by law. Nonprofit Subrecipients are exempt from this certification when the agreement type is cost-reimbursable no-fee)*

☐ Small/Small Disadvantaged Business **SUBCONTRACTING PLAN**, in agency-required format  
*(if Subrecipient if receiving \$650,000 or greater for research or \$1.5 million for construction to a second-tier party)*

☐ **OTHER:** \_\_\_\_\_

## SECTION G: Comments

### APPROVED FOR SUBRECIPIENT

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient 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 performed and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

***Please return completed Subaward Commitment Form to the University of Central Florida to the attention of:***

Name and Title of UCF Authorized Official or designee

Email

12201 Research Parkway, Suite 501

Address

Phone

Orlando, FL

32826-3246

City, State

Zip



## AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

Subrecipients must complete this form prior to receiving an subaward from UCF. Please complete and return this form to the UCF Authorized Representative below.

### SECTION A: Organization Information

Legal Name of Subrecipient's Organization/Institution		Subrecipient Technical Lead	
Address		City, State, Zip	
Federal Employer Identification Number (EIN)	DUNS or DUNS+4 Number	Congressional District/s	
Subrecipient Parent Entity Legal Name (if applicable)		Subrecipient Parent Entity Address	
Parent Entity Congressional District	Parent Entity DUNS or DUNS+4 Number	Parent Entity Employer Identification Number (EIN)	
UCF's Prime Sponsor	UCF's Technical Lead	Proposed Project Period	
Project Title			

### SECTION B: Audit Certification

#### Audit Certification for Subrecipient's Most Recently Completed Fiscal Year:

(Check either A or B below, as applicable)

A

External independent audits of my organization/company have been completed for my organization's most recent Fiscal Year ending:

**A true, complete and correct copy of the audit report is attached and hereby provided.**

**Please complete Questions 1 – 7 and 21 – 26 below**

OR

B

My organization/company has **not** been audited by a U.S. Government audit agency or by an independent CPA firm for the most recent Fiscal Year ending:

**True and correct information concerning my organization's finances and fiscal policies is provided in the attached Financial Status Questionnaire, and in the attached financial Statements covering the Fiscal Year noted above.**

**IF SECTION B ABOVE WAS SELECTED, COMPLETE THE FINANCIAL QUESTIONNAIRE BELOW.**

#### GENERAL INFORMATION

YES	No	1.	Does your organization have its financial statements reviewed by an independent public accounting firm? <b>If you, please enclose a copy of the most recent financial statements for your organization, audited or unaudited.</b>
YES	No	2.	Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a governmental agency or independent public accountant? Explain. <b>If yes, please provide a copy of any recent external audit report.</b>
YES	No	3.	Does your organization maintain current, accurate information in the System for Award management (SAM) website ( <a href="https://www.sam.gov/">https://www.sam.gov/</a> )?

YES No	4.	Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements? If not, briefly describe how your organization prevents discrimination.
YES No	5.	Does your organization have internal controls that can provide reasonable assurance that your organization manages, evaluates and monitors pass-through awards from Federal sponsors in accordance with required Federal statutes, regulations, and the terms and conditions required of a pass-through award?
YES No	6.	Does your organization have the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received?
YES No	7.	Does your organization have any outstanding audit findings which would impact contract costs? <b>If yes, please provide a copy of the most recent report describing the report and the corrective action plan, including the anticipated completion date of the corrective action plan.</b>

#### CASH MANAGEMENT

YES No	8.	Are duties separated so that no single individual has complete authority over an entire financial transaction?
YES No	9.	Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
YES No	10.	Are all disbursements properly documented with evidence of receipt of goods or performance of services?
YES No	11.	Does your organization have a cash forecasting process which will minimize the time elapsed between the receipt and the disbursement of those funds?
YES No	12.	Are all bank accounts reconciled monthly?

#### PAYROLL

YES No	13.	Are payroll charges checked against program budgets?
	14.	What system or procedure does your organization use to control paid time, especially time charged to sponsored agreements?

#### PROCUREMENT

YES No	15.	Are there procedures to ensure procurement at competitive prices?
	16.	Is there an effective system to authorize and approve:
YES No		a) capital equipment expenditures?
YES No		b) travel expenditures?

#### PROPERTY MANAGEMENT

YES No	17.	Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?
YES No	18.	Are detailed property records periodically checked by physical inventory?
	19.	Briefly describe the organization's policies concerning property management (capitalization, depreciation and disposal).

#### COST TRANSFERS

YES No	20.	Does the organization have procedures to separate charges among multiple projects and, if applicable, procedures to manage cost transfers among projects to ensure that all cost transfers are appropriate?
--------	-----	---

### INDIRECT COSTS

<b>YES</b> <b>No</b>	21.	Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? (Please provide a copy of any negotiated indirect cost rate agreement or URL.)
<b>YES</b> <b>No</b>	22.	Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges and cost transfers to all grants, contracts and cooperative agreements? Explain.

### COST SHARING

<b>YES</b> <b>No</b>	23.	Is cost share being committed to the project? If so, how does the organization determine that it has met its cost sharing obligations, that the costs have not been allocated to another Federal award, and that the cost share funds were not paid by the Federal government under another award?
----------------------	-----	--

### COMPLIANCE

<b>YES</b> <b>N/A</b>	24.	If human subject use is included in your statement of work:
		a) What is your FederalWide Assurance Number?
		b) What is your IRB Protocol Approval Number and Expiration Date? Attach a copy of your approval letter to this form.
<b>YES</b> <b>N/A</b>	25.	If vertebrate animals are used in your statement of work:
		a) Are you accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)? <b>YES</b> <b>No</b>
		b) What is your IACUC Protocol Approval Number and Expiration Date? Attach a copy of your approval letter to this form.
<b>YES</b> <b>N/A</b>	26.	If your project is deemed as export controlled, do you have a Technology Control Plan for the project and facility? Have you obtained the required licenses, if applicable? <b>YES</b> <b>No</b>

### ATTACHMENTS *(check all that apply)*

	A.	External Independent Audit
	B.	Financial Statements, Audited or Unaudited
	C.	Indirect Cost Rate Agreement
	D.	IRB Protocol Approval Letter
	E.	IACUC Protocol Approval Letter

### APPROVED FOR SUBRECIPIENT

The above information has been read, signed and made by an authorized official of the Subrecipient named herein. **Any work performed and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official	Date
Name and Title of Authorized Official	Address
Email	Phone Number

**Please return completed Subaward Commitment Form to the University of Central Florida to the attention of:**

Name and Title of UCF Authorized Official or designee	Email
12201 Research Parkway, Suite 501	Phone
Address	
Orlando, FL	32826-3246
City, State	Zip

## ORC Outgoing Subaward Processing Checklist

### SUBAWARD PROPOSAL PREPARATION: PI / Department/Proposal Manager

A complete Subaward Proposal Package should be submitted to the ORC Proposal Manager and include the following:

- ☐ Scope of Work – specific to the subrecipient
- ☐ Budget – including indirect costs
- ☐ Budget Justification – specific to the subrecipient
- ☐ Letter of intent - for your convenience a [SAMPLE LOI](#) has been provided, however an institution may use their own format to provide institutional authorization
- ☐ [Subrecipient Commitment Form](#) – signed by the subrecipient authorized representative (Note: Not required for FDP Expanded Clearing House Members)
- ☐ [Audit Certification and Financial Status Questionnaire](#) for subrecipients not subject to the Single Audit Act– signed by the subrecipient authorized representative
- ☐ [Subaward Predetermination Form](#) (if applicable)
- ☐ Any other documents required by sponsor (example: certifications, assurances and/or representations from the subrecipient)

### SUBAWARD ISSUANCE/MODIFICATION: ORC Contract Manager

ORC Contract Manager is responsible for providing the following before submitting a request to the Subaward Unit:

- ☐ All documents required at Subaward Proposal Preparation Stage
  - ☐ [Subaward Request Form](#)
- ☐ Scope of Work (if revised from what was submitted with proposal)
- ☐ Budget – including indirect costs **that matches the request** (if revised from what was submitted with proposal)
- ☐ Budget Justification (if revised from what was submitted with proposal)
- ☐ Ensure account number has been established/requested
- ☐ Ensure subcontractor budget line has been created/updated/requested with appropriate funds
- ☐ Subaward Deliverables
- ☐ Subaward Payment/Invoicing Schedule (if applicable)
- ☐ Verification that subrecipient is compliant with IRB, IACUC approvals (if applicable)

**Incomplete subaward requests will be returned to the contract manager and will need to be resubmitted once the areas of concern have been addressed.**