

**SUBRECIPIENT COMMITMENT FORM**

Subrecipient Legal Name: \_\_\_\_\_  
Subrecipient PI Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Address where research will be performed: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Proposal Title: \_\_\_\_\_  
Unique Entity Identifier (UEI): \_\_\_\_\_  
Performance Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Total Direct Costs: \_\_\_\_\_ Total F&A: \_\_\_\_\_ Total Requested: \_\_\_\_\_  
BVARI PI Name: \_\_\_\_\_  
Prime Sponsor: \_\_\_\_\_  
\_\_\_\_\_

**SECTION A – Proposal Documents**

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

- STATEMENT OF WORK** (required)
- BUDGET AND BUDGET JUSTIFICATION** (required)
- Biosketches of all Key Personnel, in agency-required format
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**SECTION B - Certifications**

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:  
Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)
  
2. **Fringe Benefit Rates** included in this proposal have been calculated based on:  
Rates consistent with or lower than our federally-negotiated rates  
Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).
  
3. **Human Subjects**                      **Yes**            **No**                      **Approval Date:** \_\_\_\_\_  
*If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to SPA@bvari.org as soon as they become available.*
  
4. **Animal Subjects**                      **Yes**            **No**                      **Approval Date:** \_\_\_\_\_  
*If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to SPA@bvari.org as soon as it becomes available.*



## SUBRECIPIENT COMMITMENT FORM

### SECTION D - 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 begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

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

\_\_\_\_\_  
Legal Name of Subrecipient's Organization/Institution

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Federal Employer Identification Number (EIN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
UEI Number

\_\_\_\_\_  
Subrecipient's Congressional District:

\_\_\_\_\_  
SAM Registered: Yes      No