



This routing form has been updated on 16 June 2015. It supersedes ALL previous versions.

Office of Research Administration
SUBRECIPIENT COMMITMENT FORM

www.ora.umd.edu

supports and endorses this application to the University of

Maryland College Park.

1. Project Title

2. UM Principal Investigator

Email

3. Subrecipient Principal Investigator

Name

Email

4. Subrecipient Street Address (no PO Box #)

Administrative Contact

Name

Title

Phone

Fax

Email

5. DUNS

Federal ID No. (TIN) (US entity Only)

6. Type of Entity

Commercial/For Profit

Non-profit/educational/ or government

7. Proposed Project Start Date

End Date

Duration (in months)

8. Total Amount Requested (for all project periods)

9. Cost Sharing Cash Amount

+ In-Kind Amount

= Total Cost Share

10. Primary Funding Source (select one)

US Federal sponsor

Non-Federal sponsor

Prime Sponsor Name

11. Indirect Cost Rate (based on selection above of either Federal or Non-Federal sponsor)

Under a **US Federal sponsor**, (select reason for rate agreement):

Subrecipient has applied its US Government approved rate to the attached budget; **OR**
 Non-profit subrecipient with no US Government approved rate has applied 10% MTDC; **OR**
 Commercial subrecipient has applied its customary non-Federally approved rate of % Base ; **OR**
 Subrecipient has applied a rate of % Base in accordance with agency/program requirements

Under a **Non-Federal sponsor**, (select reason for rate agreement):

Subrecipient has applied its US Government approved rate to the attached budget; **OR**
 Subrecipient has applied its customary non-Federal rate of % Base ; **OR**
 Subrecipient has applied a rate of % Base in accordance with agency/program requirements

12. The attached Statement of Work will include one or more of the following (check all that apply):

- a. Human Subjects Research - If checked, enter U.S. Federal-Wide Approval (FWA) # no FWA# is available
- b. Vertebrate Animal Research - If checked, enter U.S. Animal Welfare Assurance (AWA) # no AWA# is available
- c. Hazardous Materials - If checked, is an institutional Hazardous Materials Management Plan in place? yes no

The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements.

I hereby certify that neither _____ nor its principals are presently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project.

Authorized Organization Representative Signature

Date

Print AOR Name:

AOR Title: