This attachment must be initialed by the parts or signed on all its pages as applies.

SISTEMA UNIVERSITARIO ANA G. MENDEZ
SUBRECIPIENT COMMITMENT FORM
GRANT AWARD ACCOUNT NO. _________

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All sub recipients should submit this form when submitting a proposal to SUAGM provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized official to sign.

SUBRECIPIENT'S LEGAL NAME: _____

SUBRECIPIENT'S PI: _____

SUAGM'S PI: _____ PRIME SPONSOR: _____

SUAGM'S PROPOSAL TITLED: _____

SUBRECIPIENT'S TOTAL FUNDS REQUESTED: _____

SUBRECIPIENT'S PERFORMANCE PERIOD BEGIN DATE: _____ END DATE: _____

SECTION A - Proposal Documents (check all that apply)

The following documents are included in our sub award proposal submission and covered by the certifications below:

☐ STATEMENT OF WORK (required)

☐ BUDGET AND BUDGET JUSTIFICATION (required) (If NIH, Budget and Checklist needed)

☐ This SUBRECIPIENT COMMITMENT FORM, completed and signed by sub recipient’s authorized official (required)

☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format, if applicable

SECTION B - Certifications (check all that apply)

1. Facilities and administrative rates included in this proposal have been calculated based on the following:

☐ Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. (If this box is checked, a copy of your F&A rate agreement must be furnished to SUAGM SPFM Office before a sub award will be issued.)

☐ Other rates (Please specify the basis on which the rate has been calculated in Section D Comments below.)

☐ Not applicable (no indirect cost request for sub recipient)

2. Fringe-Benefit Rates included in this proposal have been calculated based on the following:

☐ Rates consistent with or lower than our federally negotiated rates (If this box is checked, a copy of your fringe benefit rate agreement must be furnished to SUAGM’s SPFM Office before a sub award will be issued.)

☐ Other rates (please specify the basis on which the rate has been calculated in Section D Comments below).
3. **Human Subjects** □ Yes □ No

(If Yes: Copies of the IRB approval and approved “Informed Consent” form must be provided before any sub award will be issued. Please return the IRB approval and Informed Consent form as an attachment to this form. If pending, please forward these documents to SUAGM’s SPFM Office, as soon as they become available. Please indicate the SUAGM principal investigator’s name and subaward number for reference. SUAGM’s IRB must conduct a secondary review of the sub award work and issue a companion approval before any sub award will be issued.)

**If Yes and NIH funding is involved:**
Have all key personnel involved completed any human subjects training at the subawardee’s institution? □ Yes □ No

Please provide the names of key personnel who have completed the training (please attach separate list).

4. **Animal Subjects** □ Yes □ No

(If Yes: A copy of the IACUC approval of the sub recipient must be provided before any sub award will be issued.
SUAGM’s IACUC must conduct a secondary review of the sub award work and issue a companion approval before any sub award will be issued.)

5. **Debarment, Suspension, Proposed Debarment**

Is the PI 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 Organization 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 governmental entity

□ Have □ Have 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

□ Have □ Have Not within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency

6. **Conflict of Interest (applicable to NIH, NSF, or any other program requiring federal financial disclosure)**

□ Not applicable because this project is not being funded by NIH, NSF, or CDC

□ Sub recipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research.” Sub recipient also certifies that, to the best of 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 sub recipient’s conflict of interest policy prior to the expenditure of any funds under any resulting agreement. If NIH funding is involved, the sub recipient must notify SUAGM SPFM Office in a separate letter signed by an authorized official of the existence of any conflict of financial interest it identifies of the type covered by 42 CFR 50.605 and provide assurance that the interest has been addressed in accordance with the regulations by indicating whether the conflict has either been managed, reduced, or eliminated.

□ Sub recipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by SUAGM’s policy. See: SUAGM’s policy.
7. Cost Sharing □ Yes □ No
   (Cost-sharing amounts and justification should be included in the sub recipient’s budget. Sub recipient please be advised that an annual verification of cost share commitment will be required.)

8. Is sub recipient a Historically Black College or University (HBCU)? □ Yes □ No

SECTION C - Audit Status (check all that apply)

9. Does the sub recipient receive an annual audit in accordance with OMB Circular A-133?
   □ Yes □ No

   Note: A complete copy of sub recipient’s most recent audit report must be furnished to SUAGM SPFM Office before a sub award will be issued.

   If No: SUAGM requires that the entity complete an Assistance Sub Recipient A-133 Audit Questionnaire (Attachment #6)

   If Yes: Has the audit been completed for the most recent fiscal year?
     □ Yes □ No
     SUAGM requires that the entity complete a certification of compliance (Attachment #7)
     Were any audit findings reported? □ Yes □ No
     (If yes, explain in Section D Comments, below.)

SECTION D– Comments (please attach additional pages if necessary)

APPROVED BY SUB RECIPIENT:

The information, certifications, and representations above have been read, signed, and made by an authorized official of the Sub recipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to sub awards 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 sub award agreement are at the Sub recipient’s own risk.

(Signature of Sub recipient’s Authorized Official)   (Address)

(Type or print name and title of Authorized Official)   (City, State, Zip)

(Name and EIN of Sub recipient’s Organization/Institution)   (Phone)

                             (Fax)
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<td>Institution/Organization (&quot;SUB RECIPIENT&quot;)</td>
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<td>Est. Total (if incrementally funded)</td>
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Project Title

**Terms and Conditions**

1) Recipient hereby awards a cost reimbursable sub award, as described above, to Sub recipient. The statement of work and budget for this sub award are (check one): as specified in Sub recipient’s proposal dated ; or as shown in Attachment 5. In its performance of sub award work, Sub recipient shall be an independent entity and not an employee or agent of Recipient.

2) Recipient shall reimburse Sub recipient not more often than monthly for allowable costs. All invoices shall be submitted using Sub recipient’s standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), sub award number, and certification as to truth and accuracy of invoice. Invoices that do not reference Recipient’s sub award number shall be returned to Sub recipient. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party’s Contact, as shown in Attachment #4.

3) A final statement of cumulative costs incurred, including cost sharing, marked “FINAL,” must be submitted to Recipient’s Contact NOT LATER THAN sixty (60) days after sub award end date. The final statement of costs shall constitute Sub recipient’s final financial report.

4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Sub recipient.

5) Matters concerning the technical performance of this sub award should be directed to the appropriate party’s Principal Investigator, as shown in Attachment #4. Technical reports are required as shown above, “Reporting Requirements.”

6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this sub award agreement, and any changes requiring prior approval, should be directed to the appropriate party’s Contact, as shown in Attachment #4. Any such changes made to this sub award agreement require the written approval of each party’s Authorized Official, as shown in Attachment #4.

7) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.

8) Either party may terminate this agreement with thirty (30) days written notice to the appropriate party’s Contact, as shown in Attachment #4. Recipient shall pay Sub recipient for termination costs as allowable under OMB Circular A-21 or A-122, or 45 CFR Part 74 Appendix E “Principles for Determining Cost Applicable to Research and Development under Grants and Contracts with Hospitals” as applicable.

9) No-cost extensions require the approval of the Recipient. Any requests for a no-cost extension should be addressed to and received by the Contact, as shown in Attachment #4, not less than thirty (30) days prior to the desired effective date of the requested change.

10) The sub award is subject to the terms and conditions of the Award and other special terms and conditions, as identified above.

11) By signing below Sub recipient makes the certifications and assurances shown in Attachments #3 and 4. Sub recipient also agrees that it will comply with applicable statutory and regulatory requirements specified in Appendix B of the FDP Operating Procedures found at: http://www.nsf.gov/home/grants/grants_fdp.htm.

By an Authorized Official of Recipient: ____________________________ Date

By an Authorized Official of Sub recipient: ____________________________ Date
By signing the Sub award Agreement, the authorized official of SUB RECIPIENT certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Sub recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Sub recipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the Recipient.

3) The Sub recipient shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less that $10,000 and not more than $100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Sub recipient certifies by signing this Sub award Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Sub recipient assures Recipient that it complies with A-133 and that it will notify Recipient of completion of required audits and of any adverse findings which impact this sub award.
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<tr>
<td><strong>Recipient Contacts</strong></td>
<td><strong>Administrative Contact</strong></td>
<td><strong>Sub recipient Contacts</strong></td>
<td><strong>Project Director</strong></td>
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This attachment must be initialed by the parts or signed it page as applies.

SISTEMA UNIVERSITARIO ANA G. MENDEZ
SUBRECIPIENT AND VENDOR DETERMINATION FORM
GRANT AWARD ACCOUNT NO. _____________

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Name of organization to evaluate ________________________________

Answer the following questions to determine whether the organization should be considered a sub recipient or a vendor. Place an “X” in the applicable column beside each question. The number of “yes” answers determines whether a sub recipient or a vendor relationship exists.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1. Does the organization determine who is eligible to receive what Federal financial assistance?</td>
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<td>2. Does the organization have its performance measured against whether the objectives of the Federal program are met?</td>
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<td>3. Does the organization have responsibility for programmatic decision making?</td>
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<td>4. Does the organization have responsibility for adherence to applicable Federal program compliance requirements?</td>
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<td>5. Does the organization use 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?</td>
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YES answers indicate a sub recipient relationship.
NO answers indicate a vendor relationship.

Prepared by __________________________________ Date ______________

Reviewed in subsequent audit periods:

By __________________________________ Date ______________
By __________________________________ Date ______________
OMB Circular A-133 requires monitoring of sub-recipient receiving Federal financial assistance to carry out a program under prime awards to the SUAGM. The purpose of this questionnaire is to help us determine the status of your organization's compliance with the main Federal requirement which follow Federal assistance funds. The following questions should be answered by the Independent Auditor (CPA) or Chief Financial Officer of your organization.

THRESHOLD QUESTION

1. Is your organization exempt from both OMB Circulars A-128 and A-133? (If so, please indicate the reason. No further responses are requested. The sub-award, if issued, will be written as a procurement contract.) __Yes __No

2. Does your organization have a Cognizant Federal Agency for A-128 or A-133 purposes? (If so, please indicate the Cognizant Agency and a means of verification in your response. No further responses are requested. The cognizant agency is responsible for assuring your organization’s compliance with Federal audit requirements.) __Yes __No Cognizant Federal Agency

GENERAL INFORMATION

3. Does your organization have its financial statements reviewed by an independent public accounting firm? If so, please enclose a copy of your most recent audited financial report with your response. __Yes __No

4. Are duties separated so that no one individual has complete authority over an entire financial transaction? __Yes __No

5. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts? __Yes __No

6. 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 __Yes __No

CASH MANAGEMENT

7. Are Federal funds deposited in a separate bank account or accounted for through grant-loan fund control accounts? __Yes __No

8. Are all disbursement properly documented with evidence of receipt of goods or performance of services? __Yes __No

9. Are all bank accounts reconciled monthly? __Yes __No

PAYROLL

10. Are payroll charges checked against program budgets? __Yes __No

11. What system does your organization use to control paid time, especially time charged to sponsored agreements?

PROCUREMENT

12. Are there procedures to ensure procurement at competitive price? __Yes __No

13. Is there an effective system of authorization and approval of a) capital equipment expenditures? b) Travel expenditures? __Yes __No
This attachment must be initialed by the parts or signed on all its pages as applies.

SISTEMA UNIVERSITARIO ANA G. MENDEZ
CERTIFICATE OF COMPLIANCE WITH OMB CIRCULAR A-133
GRANT AWARD ACCOUNT NO. __________

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The following certification will be required within 30 days of the effective date of a subcontract issued to a sub recipient.

Legal Entity Name: ________________________________

A-133 Contact Name and Title: ________________________________

Address: ________________________________________________

Contact Email Address: ________________________________

Contact Phone #: ________________________________ Contact Fax #: ________________________________

Organization's Fiscal Year ________________ Organization's EIN: ________________

MM/DD/YY to MM/DD/YY

For fiscal year ___________, the administration of Federal projects at this institution has been audited in accordance with the requirements of OMB Circular A-133.

[Check the statement(s) that apply:]

[ ] They are not subject to the requirements of A-133 because the organization did not receive $500,000 or more in federal awards during the fiscal year, is a for profit corporation, or is a non-U.S. based entity.

[ ] They are subject to the requirements of A-133, the audit has been completed and there were no material conditions of non-compliance with federal regulations.

[ ] They are subject to the requirements of A-133, the audit has been completed, exceptions were noted and a copy of the audit report is provided.

[ ] They are subject to the requirements of A-133 but the audit has not been completed.

I certify to the best of my knowledge and belief that the foregoing statements are true and accurate.

Name (Typed) ________________________________

Title (Typed) ________________________________

Institution ________________________________

Signature ________________________________

Date ________________________________
This attachment must be initialed by the parts or signed on all its pages as applies.

SISTEMA UNIVERSITARIO ANA G. MENDEZ
SUB AGREEMENT PERFORMANCE
GRANT AWARD ACCOUNT NO.__________
(To be submitted with each invoice for payment)

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I am satisfied with the Sub contractor’s progress to date and to the best of my knowledge; the costs included on the attached invoice are allowable, allocable, and reasonable for the work performed.

____________________________________   ____________
Principal Investigator (must sign)               Date

If you are not satisfied with the subcontractors progress to date or do not believe all of the costs included on the attached invoice are reasonable or appropriate for the work performed, please comment below. Sponsored Project will hold payment of the invoice until the problem is resolved.

Comments:

____________________________________
Principal Investigator (must sign)               Date