



This routing form has been updated July 2019. It supersedes ALL previous versions.

Office of Research Administration and Advancement
 SUBRECIPIENT (SR) COMMITMENT FORM

oraa@umces.edu

UMCES PI/Lab: Complete questions 1-5 and then forward to subrecipient to complete.

1. UMCES Principle Investigator _____ Email _____
 2. UMCES Project # _____
 3. Project Title _____
 4. Primary Funding Source (select one) US Federal Sponsor Non Federal Sponsor (State etc.)
 5. Prime Sponsor Name _____

To be completed by Subrecipient:

_____ supports and endorses this application to the
 University of Maryland Center for Environmental Science.

6. Subrecipient Principle Investigator _____ Email _____
 7. SR Proposal Title _____
 8. Project Start-End Dates _____ to _____ Duration (Months) _____
 9. Total requested (for all project periods) _____
 10. Cost Sharing Cash Amt _____ In-Kind _____ Total _____
 11. Subrecipient Institution Address (no PO Box) _____ Administrative Contact or Sponsored Programs Office

	Name: _____
	Title: _____
	Phone: _____
	Email: _____

12. DUNS # _____ TIN# _____
 13. Type of Entity: Commercial/For Profit Nonprofit Educational Government

Under a **US Federal sponsor** *(select reason for rate used)*
 Subrecipient has applied its negotiated indirect cost rate agreement (NICRA) approved rate to the attached budget. Please attach copy or provide link:

 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 used)*
 Subrecipient has applied its its negotiated indirect cost rate agreement (NICRA) approved rate to the attached budget. Please attach copy or provide link:

 Subrecipient has applied its customary non-Federal rate of ____% Base; **OR**
 Subrecipient has applied a rate of ____% Base in accordance with agency/program requirements

14. The attached **Statement of Work** will include one or more of the following (check all that apply):
 _____ Human Subjects Research - If checked, attach copy of protocol and IRB approval
 _____ Vertebrate Animal Research - If checked, attach copy of protocol and IACUC approval
 _____ Hazardous Materials – is an institutional Hazardous Materials Management Plan in place? Y or N

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 and Date Printed Name and Title