|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JMU Principal Investigator: | |  | | |
| Proposal Title: | |  | | |
| Sponsor: |  | | Submission Date: |  |

**Section A: Proposal and Subrecipient Information**

***Completed by Subrecipient for Subrecipient’s Portion of the Work Only***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |  | | | | | | | SAM Unique Entity ID: | | | |  | | |
| Subrecipient PI Name: | |  | | | | | | | | | | | | |
| Period of Performance: | | Start Date: | | |  | | End Date: | | | |  | | | |
| Subrecipient Matching: | | ⬜ N/A ⬜ Yes | | | In Kind: | $ | | | | In Cash: | | | $ | |
| Are Human Subjects Involved? | | | ⬜ No ⬜ Yes (*If yes, provide the following*:) | | | | | | | | | | | |
|  | Federalwide Assurance #: | | |  | | | | | IRB Approval Date: | | | |  | |
| Are Animal Subjects Involved? | | | ⬜ No ⬜ Yes (*If yes, provide the following*:) | | | | | | | | | | | |
|  | Animal Welfare Assurance #: | | | |  | | | | IACUC Approval Date: | | | | |  |
| Does your organization receive an annual audit in accordance with the OMB Uniform Guidance 2 CFR part 200? | | | | | | | ⬜ Yes ⬜ No (*If no, answer the following*:) | | | | | | | |
|  | Does your organization receive an annual financial audit? ⬜ Yes ⬜ No | | | | | | | | | | | | | |

**Section B: Subrecipient Documents**

The following subrecipient documents are covered by the certifications below:

**Required:**

1. **Subrecipient Commitment Form** (this form) completed & signed by the subrecipient authorized official

2. **Statement of Work**

3. **Budget**

4. **Budget Justification/Narrative**

5. **Attachment 3B** [**Page 1**](https://thefdp.org/wp-content/uploads/ATTACH1.pdf) (required); [**Page 2**](https://thefdp.org/wp-content/uploads/Attachment-3B-Subrecipient-Contacts-both-pages.pdf) (If applicable)

**If Applicable to Proposal:**

6. **Fringe Benefit & Indirect Costs Rate Agreement** (if applicable)

7. **Biographical Sketch all Senior/Key Personnel** (if applicable)

8. **Current and Pending Support for all Senior/Key Personnel** (if applicable)

9. **Facilities, Equipment, and Other Resources** (if applicable)

10. **Financial Conflict of Interest** [**External Collaborator Certification**](https://www.jmu.edu/sponsoredprograms/proposal-assistance/external-collaborator-certification_rev_20181.doc)(if applicable)

11. **Other:**

**Section C: Certifications**

The appropriate subrecipient programmatic and administrative personnel involved in this proposal are prepared to establish the necessary inter-institutional entity agreements to ensure compliance with all pertinent Federal regulations and policies. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk. No work involving human subjects and/or animals may begin until the subrecipient provides approval documentation from an Institutional Review Board and/or Animal Care and Use Committee. No work will begin until FCOI disclosures are verified and training completed, if applicable.

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| --- | --- | --- | --- |
| Signature of Authorized Official: |  | Date: |  |