

600 Suffolk Street, Suite 415 Lowell, Massachusetts 01854 tel: 978.934.4750 fax: 978.934.2027

Pass-Through Entity (PTE)

Legal Name:

OFFICE OF SPONSORED PROGRAMS

University of Massachusetts Lowell

SUBRECIPIENT LETTER OF INTENT

Subrecipient (Sub) Legal

Name:

Sub UEI:		PTE UEI:	LTNVSTJ3R6D5		
Sub Congressional District:		PTE Congressional District:	MA-003		
Sub CAGE Code & EIN:		PTE Cage Code & EIN:	1QW17	04-3167352	
Sub Principal Investigator:		PTE Principal Investigator:			
Sub Internal Project ID:		PTE Internal Project ID:			
Project Title:					
Prime Awarding Agency:		Project Period:	Start:	End:	
Total Proposed Amount:	\$	Total Cost Sharing Amount:	\$		
Human Subjects:	Human Subjects : Yes No Vertebrate		Yes No		
If yes, please provide assura	ance number:	If yes, please provide assura	If yes, please provide assurance number:		
Administrator:					
Sub POC Name/Title:		PTE POC Name/Title:			
Sub Phone:		PTE Phone:			
Sub Email:		PTE Email:			
Sub Email for Awards (if dif					
Doos your organization ha	ve an active organizational profile in the	RTANT	se? Yes No		
If yes, <u>only</u> page	e 1 of this form should be completed: Commitment Form and Audit Certi	l & signed. If no, please c	omplete & sign th	•	
completeness. The appro the prime awarding agen are prepared to establish	reviewed and approved by the approper priate programmatic and administrative cy's policies, agree to accept the obligation the necessary inter-institutional agreem attached to this Statement of Intent:	personnel of Subrecipient in ion to comply with award te	nvolved in this appli erms, conditions and	cation are aware of	
Sub Statement of Work	re accacined to this statement of ment.	Sub Budget Justification			
Sub Statement of Work Sub Detailed Line-Item Budget		Additional Proposal Documents Required by Sponsor			
Jab Detailed Line item		, additional Froposul Doc	asimento nequired b	, <u> </u>	
Signature of Subrecipient's	Authorized Official		Date		
Name and Title of Authoriz	ed Official				



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SUBRECIPIENT COMMITMENT FORM

SECTION A: 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. (**If this box is checked**, a copy of your F&A rate agreement <u>must</u> be furnished via hard copy, website, or email.

Are based on other rates - Please specify the basis on which the rate has been calculated and attach explanation. 2

CFR § 200.414 - Indirect (F&A) – We elect to charge a de minimis rate of 15% of modified total direct costs (MTDC).

Not applicable - We do not have a federally negotiated rate agreement nor do we elect to use the 15% de minimis.

2. **Fringe Benefit Rates** included in the proposal:

Are consistent with or lower than our federally negotiated rate agreement.

Are based on other rates (please specify the basis on which the rate has been calculated and attach explanation).

Not applicable – No fringe benefits are included in the provided budget.

3. **Human Subjects** Yes No Exempt

If Yes, have all key personnel involved completed human subjects training? Yes No

All key personnel engaged in human subjects research must take NIH, CITI, or other human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm; www.citiprogram.org) as required by NIH.

A copy of applicable required IRB documents (i.e. determination letter, approved "Informed Consent" form, etc.) must be provided before any subaward will be issued.

4. Animal Subjects Yes No

Copy of the IACUC determination letter must be provided before any subaward will be issued.

5. Conflict of Interest

Subrecipient organization/institution 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." Subrecipient 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 subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide the policies of UMass Lowell https://www.uml.edu/research/integrity/conflict-of-interest

6. Responsible Conduct of Research Education

(**NSF Projects Only**): By checking this box, the Authorized Organizational Official of the subrecipient institution is certifying that, in accordance with the NSF Proposal Award Policies & Procedures Guide, the institution has a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students and postdoctoral researchers who will be supported by NSF to conduct research.

(<u>NIH Projects Only</u>): By checking this box, Subrecipient certifies, for applicable NIH Grants, that Subrecipient will monitor and maintain records for the individual training plans as proposed by Subrecipient, in accordance with NIH's RCR training requirements.

(USDA-NIFA Projects Only): By checking this box, Subrecipient certifies, it has an institutional plan compliant with USDA-NIFA's Agency-Specific Terms and Conditions Requirements related to responsible conduct of research.

7. Cost Sharing/Matching Yes No

If yes, an itemized cost share budget and letter of cost share commitment must be provided.

8. Certification Regarding Debarment and Suspension

Subrecipient organization certifies that it and its principles:	Are	Are Not
Presently debarred, suspended, proposed for debarment, or declared ineligible for a federal award.		
Presently indicted for, or otherwise criminally or civilly charged by a government agency.		
Subrecipient organization certifies that it and its principles:	Have	Have Not
Within three (3) years preceding this certification, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in with obtaining, attempting to obtain, or preforming a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statues 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.		
Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.		

SECTION B: AUDIT STATUS

9. Audit Status

Subrecipient is a: Non-profit entity (under federal threshold) Foreign entity For-profit entity

Government entity Other

Subrecipient receives an annual audit in accordance with Uniform Guidance 2 CFR 200. Yes No

IMPORTANT

If the Subrecipient answer Yes and DOES receive an annual audit in accordance with Uniform Guidance 2 CFR 200, they must answer the questions below but do NOT need to complete the Audit Certification and Financial Status Questionnaire.

Most recent fiscal year completed: FY

Were any audit findings reported? Yes No *If Yes, please attach an explanation.* Please provide the subrecipient's most recent audit by including the URL below or attaching a copy.

If the Subrecipient answers No and DOES NOT receive an annual audit in accordance with Uniform Guidance 2 CFR 200, they can skip the remaining Audit Status questions below but <u>must</u> complete section C, section D, and the attached Audit Certification and Financial Status Questionnaire.

SECTION C: FISCAL RESPONSIBILITY

The organization/ institution certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply):

Has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;

Maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations, and the provision of contracts or grants;

Complies with applicable laws and regulations;

Can prepare appropriate financial statements, including the schedule of expenditures of Federal awards;

There are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

SECTION D: SUMMARY OF REQUIRED ATTACHMENTS

Please ensure any checked items below are provided with this form.

Link to federally negotiated F&A rate agreement (Section A, Question 1) or hard copy

Explanation of and basis on which the F&A rate has been calculated (Section A, Question 1)

Explanation of basis for fringe benefit rate

FCOI in compliance with UMass Lowell policy

Cost share letter of commitment

Link to most recent audit (Section B, Question 9) or hard copy

Explanation of audit findings & outstanding audit findings report and correction plan

SECTION E: SUBRECIPIENT AUTHORIZED OFFICIAL APPROVAL

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 the 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 the subaward agreement are at the subrecipient's own risk.

Signature:	Date:
Name of Authorized Official:	
Title:	
Email:	
Tel:	



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AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

★IMPORTANT: This Audit Certification and Financial Status Questionnaire ONLY has to be completed by Subrecipients if they DO NOT receive an annual audit in accordance with Uniform Guidance 2 CFR 200.

Subrecipient Name:

This Audit Certification is for the Subrecipient's most recently completed Fiscal Year Ending:

Please check one option below and complete all associated fields for the option selected:

A.	External independent audits of my organization/company ha	ave been completed for r	ny organization's most recently completed
	Fiscal Year. State your organization's/company's fiscal year:	From:	To:
	Please provide the subrecipient's true, complete, and most r	ecent audit by including	the URL below or attaching a copy.

OR -

B. My organization/company has not been audited by a U.S. Government audit agency or by an independent CPA firm for the most recently completed Fiscal Year (state organization's/company's fiscal year: From: To:

If statement A is checked, only Sections B and C of the Audit Certification and Financial Status Questionnaire is required.

I have completed this Audit Certification and Financial Status Questionnaire in its entirety. True and correct information concerning my organization's finances and fiscal policies have been provided in this Audit Certification and Financial Status Questionnaire, and in any attached financial statements covering the fiscal year noted above. (NOTE: Please answer all questions, providing a brief explanation where required. Do not leave any questions blank, simply indicate if a question is "not applicable".)

SECTION A: FINANCIAL STATUS QUESTIONNAIRE						
GENERAL INFORMATION						
Does your organization have its financial statements reviewed by an independent public accounting firm? (Please enclose						
a copy of the most recent financial statements for your organization, audited or unaudited.)						
Are duties segregated so that no one individual has complete authority over an entire financial transaction?						
Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?						
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. (Please provide a copy of any recent external audit						
report.)						
CASH MANAGEMENT	Υ	N				
Are all disbursements properly documented with evidence of receipt of goods or performance of services?						
Are all bank accounts reconciled monthly?						
PAYROLL	Υ	N				
Are payroll charges checked against program budgets?						
Does your organization have a system to track/control paid time, especially time charged to sponsored agreements?						
If so, attach a brief description including the system name.						
PROCUREMENT	Υ	N				
Are there procedures to ensure procurement at competitive prices?						
Is there an effective system of authorization and approval of capital equipment expenditures?						

Is there an effective system of authorization and approval of travel expenditures?		
PROPERTY MANAGEMENT	Υ	N
Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?		
Are there effective procedures for authorizing payment and accounting for the disposal of property and equipment?		
Are detailed property records periodically checked by physical inventory?		
Does your organization have a policy for capitalization and depreciation? If so, attach a brief description.		
COST TRANSFER	Υ	N
Does your organization have a policy for cost transfers? If so, attach a brief description.		
INDIRECT COSTS	Υ	N
Does the organization have an indirect cost allocation plan? If so, attach description.		
Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution		
of charges to all grants, contracts, and cooperative agreements? If so, attach a brief explanation.		
COST SHARING	Υ	N
Does your organization have a policy for cost share? If so, attach a brief description.		
COMPLIANCE	Υ	N
Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil		
rights requirements?		
Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down		
of funds and the disbursement of those funds?		
Have you previously received funding from UMass Lowell? If so, please provide a list of recent grants, contracts, or		
cooperative agreements your organization has received from UMass Lowell.		

SECTION B: SUMMARY OF REQUIRED ATTACHMENTS

Please ensure any checked items below are provided with this form.

Copy of the most recent financial statements

Copy of any recent external audit report

Description of the organization's policies concerning capitalization and depreciation

Description of the organization's policies concerning cost transfers

Description of the organization's indirect cost allocation plan

Description of the organization's procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts, and cooperative agreements

Description of the organization's policies concerning cost sharing.

List of recent grants, contracts, or cooperative agreements your organization has received from UMass Lowell

SECTION C: SUBRECIPIENT AUTHORIZED OFFICIAL APPROVAL

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 the application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

policies.	d to establish the necessary inter-institutional agreements consistent with	tr
Any work begun and/or expenses incurred prior to ex	secution of the subaward agreement are at the subrecipient's own risk.	
Signature:	Date:	
Name of Authorized Official:		
Title:		
Email:		
Tel:		