



University of
Massachusetts
Lowell

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

OFFICE OF SPONSORED PROGRAMS

SUBRECIPIENT LETTER OF INTENT

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	University of Massachusetts Lowell	
Sub UEI:		PTE UEI:	LTVNSTJ3R6D5	
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:	Yes	No	Vertebrate Animals:	Yes No
If yes, please provide assurance number:			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 different from above):			
IMPORTANT			
Does your organization have an active organizational profile in the FDP Expanded Clearinghouse? Yes No			
<i>If yes, only page 1 of this form should be completed & signed. If no, please complete & sign the following Subrecipient Commitment Form and Audit Certification and Financial Status Form (as applicable).</i>			

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

The following documents are attached to this Statement of Intent:

Sub Statement of Work	Sub Budget Justification
Sub Detailed Line-Item Budget	Additional Proposal Documents Required by Sponsor

Signature of Subrecipient's Authorized Official

Date

Name and Title of Authorized 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 must 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.

(NIH Projects Only): 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.

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 have been completed for my 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 recent 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	Y	N
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	Y	N
Are all disbursements properly documented with evidence of receipt of goods or performance of services?		
Are all bank accounts reconciled monthly?		
PAYROLL	Y	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	Y	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	Y	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	Y	N
Does your organization have a policy for cost transfers? If so, attach a brief description.		
INDIRECT COSTS	Y	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	Y	N
Does your organization have a policy for cost share? If so, attach a brief description.		
COMPLIANCE	Y	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

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Email:

Tel: