



University of Puerto Rico
Medical Sciences Campus

SUBRECIPIENT COMMITMENT FORM

All subrecipients should complete this form. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized institutional representative to sign.

Subrecipient Legal Name

Subrecipient Sponsored Programs Contact Name

Phone Fax Email

Subrecipient Principal Investigator

Phone Fax Email

Prime Sponsor

UPR MSC Principal Investigator

UPR MSC Proposal Title

Subrecipient Total Funds Requested

Subrecipient Performance Period Begin Date End Date

Section A Proposal Documents

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

- STATEMENT OF WORK** (required)
- BUDGET AND BUDGET JUSTIFICATION** (if NIH, Sponsor Budget and Checklist required)
- SUBRECIPIENT COMMITMENT FORM** (this form) completed and signed by subrecipient authorized institutional representative (required)

Section D Comments (please attach additional pages if necessary)

APPROVED FOR SUBRECIPIENT:

The information, certification, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipients named herein. The appropriate programmatic and administrative personnel involved in the application are aware of the agency policies 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 a subaward agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Institutional Representative

Address

Name and title of Authorized Institutional Representative

City, State, Zip

Date

Phone

Fax

Email address