

**MULTIPLE CAMPUS (MCA) COMMITMENT FORM**

**All UC campuses participating in another UC prime campus' award should submit this form when submitting a proposal to UC Prime Campus. It provides a checklist of required documents and certifications.**

Prime Campus PI:

Prime Sponsor:

Project Title:

Participating Campus:

Participating Campus PI:

Participating Campus Department:

Participating Campus' Total Funds Requested:

Participating Campus' Performance Period Begin Date:

End Date:

**SECTION A – Proposal Documents (check all that apply)**

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

- STATEMENT OF WORK** (required)
- BUDGET AND BUDGET JUSTIFICATION** (required)
- OTHER** (specify):

**SECTION B - Certifications (check or insert all that apply)**

1. **Facilities and administrative rate and base** applied in this proposal is \_\_\_\_\_ % based on the following:

- Federally negotiated F&A rates for this type of work.
- Other (specify):

2. **Human Subjects** Yes  No

3. **Animal Subjects** Yes  No

4. **Stem Cells** Yes  No

5. **Recombinant DNA** Yes  No

6. **Cost Sharing** Yes  No

Cost sharing amounts and justification must be included in the Participating Campus budget. Please be advised that an annual verification of cost share commitment will be required.

# UNIVERSITY OF CALIFORNIA

**APPROVED FOR PARTICIPATING CAMPUS:**

The information, certifications, and representations above have been read, signed, and made by an authorized official named herein. Participating campus is responsible for following all applicable UC and sponsor policies. Participating campus is prepared to accept any resultant MCA in accordance with UC Policy.

Any work begun and/or expenses incurred prior to receipt of a MCA agreement are at the Participating Campus' own risk.

\_\_\_\_\_  
(Signature of Participating Campus Authorized Official)

\_\_\_\_\_  
(Type or print name and title of Authorized Official)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City, State, Zip)

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(Email)

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(Phone)

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(Fax)

\_\_\_\_\_  
DUNS number

\_\_\_\_\_  
Congressional District

\_\_\_\_\_  
Campus EIN

\_\_\_\_\_  
(Award Inbox Email)