



## SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to CDU. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the authorized representative prior to proposal submission.

Subrecipient's Legal Name: \_\_\_\_\_

Subrecipient's Principal Investigator: \_\_\_\_\_

CDU's Principal Investigator: \_\_\_\_\_ Prime Sponsor: \_\_\_\_\_

CDU's Proposal Title: \_\_\_\_\_

Subrecipient Total Funds Requested: \_\_\_\_\_ Performance Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Section A: Proposal Documents – ALSO SEE SECTION E (pg.5); Answer the questions and if categorized as a Subrecipient continue to fill out the rest of the form.

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)
- SUBRECIPIENT COMMITMENT FORM (This form)

### Section B: Certifications

1. **Facilities & Administrative Rates** included in this proposal have been calculated based on the following:
  - Our federally recognized negotiated F&A rates for this type of work. If this box is checked, a copy of your F&A rate agreement *must* be furnished to the Office of Sponsored Programs (OSP).
  - A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: \_\_\_\_\_ Base Type: \_\_\_\_\_
  - Not applicable (No indirect costs are requested by Subrecipient).
  
2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:
  - Rates are consistent with our Federally negotiated rates. If this box is checked, a copy of your Federal fringe benefit rate agreement *must* be furnished to CDU OSP.
  - Other rates as specified in Section F: Comments (please specify the basis on which the rate has been calculated)
  
3. **Human Subjects**    YES     NO 

If **YES** copies of the following documentation must be provided before any subaward can be issued:

  - 1) IRB approval certification
  - 2) IRB approved project protocol
  - 3) Approved "Informed Consent" form
  - 4) Verification of IRB training
  - 5) Verification of FWA number and Expiration date

Please forward these documents to CDU's Principal Investigator as soon as they become available.

If **YES** and NIH funding is involved:

  - Have all key personnel completed human subjects training at the subrecipient's institution? YES     NO
  - Please attach a list of key personnel who are on this project on a separate sheet.
  
4. **Animal Subjects**    YES     NO 

If **YES**, a copy of the IACUC approval must be provided before any subaward will be issued. Please forward these documents to CDU's Principal Investigator as soon as they become available.

If **YES** and NIH funding is involved:

Please provide your institution's PHS Assurance number. PHS Assurance No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not have one on file, you will need to apply for one and provide it to us before any subaward will be issued.
  
- Stem Cells**    YES     NO 

If **YES**, a copy of the Stem Cell approval must be provided before any subaward will be issued. Please forward these documents to CDU's Principal Investigator as soon as they become available.

6. **Genomic Data Sharing Policy** (Applicable to projects funded by PHS/NIH, see announcement NOT-OD-14-124) YES  NO   
If YES, a copy of the Institutional Certification for large-scale human genomic data must be provided before any subaward will be issued. Please forward these documents to CDU's Principal Investigator as soon as they become available. Additionally, investigators are expected to make all large scale data (human and non-human) publicly available through a data repository (e.g. dbGaP, GEO, SRA).
7. **Cost Sharing** YES  if YES, \$ \_\_\_\_\_ NO   
If YES, explanation of Cost Sharing sources *must* be included in the subrecipient's budget. Please note that an annual verification of cost share commitment will be required.
8. **National Science Foundation (NSF) Conflict of Interest**  
Applicable to NSF, including NSF flow-through or any other program *except PHS/NIH* requiring Federal Financial disclosure.  
 Not applicable because this project is not being funded by NSF or any other program requiring Federal Financial disclosure.  
 Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of NSF Award & Administration Guide Chapter IV.A.
9. **Public Health Service (PHS) Financial Conflict of Interest**  
Applicable to projects funded by PHS/NIH, or any other program requiring DHHS Financial Conflict of Interest (FCOI) disclosure.  
 Not applicable because this project is not being funded by PHS/NIH or any other program requiring DHHS FCOI.  
Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F.  
 My organization **DOES NOT HAVE** a PHS compliant policy in place but will have one at the time of award.  
(A sample FDP FCOI policy can be found at [http://sites.nationalacademies.org/PGA/fdp/PGA\\_061001](http://sites.nationalacademies.org/PGA/fdp/PGA_061001)).  
List the names of individuals working on this project that is responsible for the design, conduct, or reporting of the research.  
***Each individual listed MUST fill out and attach the PHS Financial Disclosure form.***
10. **National Science Foundation (NSF) Ethics in Research Training**  
Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training.  
 Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.  
 Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.
11. **Public Health Service (PHS) Research Misconduct**  
Applicable to projects funded by PHS/NIH  
 Not applicable because this project is not being funded by PHS/NIH.  
 Subrecipient organization/institution hereby certifies that it has completed and submitted the "Assurance of Compliance by Sub-Award Recipients available at: <http://ori.hhs.gov/sites/default/files/PHS-6315.pdf>

**12. Certification of Debarment, Suspension, Proposed Debarment**

Is the Subrecipient Entity, Subrecipient PI, or any other employee or student participating in this project, debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? YES  NO

If YES, please explain in Section F: Comments.

**Subawards to any entity or individual include in the Federal Excluded Parties are prohibited.**

If NO, the Organization Certifies they: (answer all questions below)

- are  are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
- are  are not presently indicted for, or otherwise criminally or civilly charged by a government agency.
- have  have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining , attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers, or commissions of contract or subcontract; violation of Federal or State antitrust statutes 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.
- have  have not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

13. Subrecipient is what type of entity? \_\_\_\_\_

Is the Subrecipient a for-profit entity? YES  NO

If YES, CDU PI should complete the Fair and Reasonable Cost Analysis and attach it to this form.

**Section C: Audit Status**

1. Does the subrecipient receive an annual audit in accordance with OMB Circular A-133/Uniform Guidance? YES  NO

If YES,

- a) A complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to CDU OSP before a subaward will be issued.
- b) Has the audit been completed for the most recent fiscal year? YES  NO
- c) Were there any audit findings reported? YES  NO

If YES, CDU requires that the entity complete the Certificate of Compliance

If NO, CDU requires that the entity complete a Financial Audit Management Questionnaire and may require a limited-scope audit before a subaward can be issued.

**Section D: Subrecipient Institutional Information**

1. Location of Subrecipient

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Primary Place of Performance (If primary place of performance is different than Location of Subrecipient)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Congressional District: \_\_\_\_\_

2. Subrecipient DUNS Number: \_\_\_\_\_

3. Subrecipient EIN Number: \_\_\_\_\_

4. Subrecipient NAICS Code: \_\_\_\_\_

5. Is Subrecipient owned or controlled by a parent entity? YES  NO  If YES, provide information for the parent entity below:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Parent DUNS Number: \_\_\_\_\_

Parent EIN Number: \_\_\_\_\_

6. Is subrecipient currently registered in System for Award Management (SAM)? ([www.sam.gov](http://www.sam.gov)) YES  NO

If **NO**, organizations that have not registered with SAM will need to obtain a DUNS number first and then access the online registration through the SAM (System for Award Management) home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your SAM registration will take 3-5 business days to process. **Subrecipient must have a current SAM registration and maintain their current information in SAM prior to issuance of a Subaward.**

7. Is the Subrecipient's Principal Investigator and/or any other Investigator (key personnel) on the proposed subaward a CDU student (undergraduate or graduate), postdoctoral scholar, or other trainee, or a faculty or staff employee? YES  NO

If **YES**, please describe the relationship in Section F: Comments and notify the Office of Sponsored Programs.

8. Federal Funding and Accountability Transparency Act (FFATA)

Provide the names and total compensation of the five (5) most highly compensated officers of the subrecipient entity if:

- a. The recipient in its preceding fiscal year received:
  - i. 80 percent or more of its annual gross revenues in Federal awards; **AND**
  - ii. \$25,000,000 or more in annual revenues from the Federal awards; **AND**
- b. The public does NOT have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S. C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Service Code of 1986 [26 USC 6104]

If **YES** to a and b: Attach List

If **NO** to a and/or b: Check this box

Note: "Total compensation" means the cash and noncash dollar value earned by the executive during the subrecipient's past fiscal year of the following (for more information see 17 CFR 229.402 (c)(2)).

- 1) Salary and Bonus
- 2) Award of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R
- 3) Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- 4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- 5) Above-market earning of deferred compensation which are not tax-qualified
- 6) Other compensation. For Example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the values for the executive exceed \$10,000

**Project Description:** In compliance with FFATA reporting obligations, please provide a succinct description of the overall purpose and expected outcomes. This information will be displayed on the <https://www.USAspending.gov> website and will be available to the general public.

**Section E: Subrecipient Requirements and Responsibilities**

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor. The following chart outlines the differences. Please check all that apply.

Subrecipient	Contractor
<input type="checkbox"/> Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the Federal program <input type="checkbox"/> Will use the Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of CDU <input type="checkbox"/> Is responsible for adhering to applicable Federal program requirements specified in the Federal award <input type="checkbox"/> There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions	<input type="checkbox"/> Provides goods or services that are ancillary to the operation of the Federal program <input type="checkbox"/> Provides the goods or services purchased with the Federal funds within normal business operations <input type="checkbox"/> Provides similar goods or services to many different purchasers <input type="checkbox"/> Is not subject to the compliance requirements of the Federal program as a result of the agreement with CDU <input type="checkbox"/> Normally operates in a competitive environment

YES  NO My organization is properly categorized as a subrecipient as described above.

If "No," please contact the CDU PI about procuring your organization's products and services as a contractor.

**Section F: Comments (please attach additional pages if necessary)**

**Approved for Subrecipient**

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of 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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Typed Name of Subrecipient's Authorized Institutional Representative

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Title of Subrecipient's Authorized Institutional Representative

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address