

SUBRECIPIENT COMMITMENT FORM

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

Subrecipient's Legal Name:

We are part of the
FDP Clearinghouse.

Subrecipient's Principal Investigator:

RUs Principal Investigator:

Prime Sponsor:

RUs Proposal Title:

Estimated Performance Period Begin Date:

Estimated End Date:

Costs Requested for Initial Budget Period: Direct Costs (\$)

Total Costs (\$)

Costs Requested for Proposed Period of Support: Direct Costs (\$)

Total Costs (\$)

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)

BIOSKETCH

BUDGET AND BUDGET JUSTIFICATION (Required)

SUBRECIPIENT COMMITMENT FORM (This form)

Section B: Certifications

- 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 RU's Office of Sponsored Programs Administration(OSPA) or located in the FDP Clearinghouse.

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).
- 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 RU OSPA.

Other rates as specified in Section F: Comments (please specify the basis on which the rate has been calculated)
- Human Subjects** YES NO

If YES IRB approval certification must be provided before any subaward can be issued. Please forward these documents to RU'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

Does your organization/institution have a Federalwide Assurance (FWA) Number? YES NO

If YES please provide Number and Expiration Date.

FWA Number: _____ Expiration Date: _____
- 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 RUs 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.

Is your organization/institution AAALAC accredited? YES NO

If YES please provide number: _____
- 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 RU's Principal Investigator as soon as they become available.

6. Dual Use Research of Concern (DURC) (Applicable to projects funded by PHS/NIH)

Yes No

If yes, list:

If yes a copy of your Institution's Review Entity determination as to whether the research qualifies as DURC must be provided. Once we receive it, and it is determined by PHS/NIH that the research is in fact DURC; a copy of the mitigation plan must be provided to RU before any subaward will be issued. Please forward these documents to RU's Principal Investigator as soon as they become available. For more information, please see NIH Guide notice NOT-OD-15-017.

7. 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 RU'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).

8. 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 with financial reporting.

9. Financial Conflict of Interest Policy

Subrecipient organization/institution DOES NOT have a policy for determining financial conflict of interest.¹

Subrecipient organization/institution has an active and enforced policy for determining financial conflict of interest.

10. 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.

11. 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).

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](#).

12. 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.

13. 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>

¹Please note that any financial conflicts of interest with regards to this project must be reported to RU as soon as they are discovered.

14. 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 included 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.

15. Subrecipient is what type of entity?

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 RU OSPA 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**, please explain in Section F: Comments.

If **NO**, RU requires that the entity complete a Mini Audit 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+4 or Country: _____ Congressional District: _____

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

Address: _____

City, State, Zip+4 or Country: _____ 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+4 or Country: _____ Congressional District: _____

Parent DUNS Number: _____

Parent EIN Number: _____

6. Is subrecipient currently registered in System for Award Management (SAM)? (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. 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:
- The recipient in its preceding fiscal year received:
 - 80 percent or more of its annual gross revenues in Federal awards; **AND**
 - \$25,000,000 or more in annual revenues from the Federal awards; **AND**
 - 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/vendor. The following chart outlines the differences. Please check all that apply.

Subrecipient	Contractor/Vendor
Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the Federal program 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 RU Is responsible for adhering to applicable Federal program requirements specified in the Federal award There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions	Provides goods or services that are ancillary to the operation of the Federal program Provides the goods or services purchased with the Federal funds within normal business operations Provides similar goods or services to many different purchasers Is not subject to the compliance requirements of the Federal program as a result of the agreement with RU Normally operates in a competitive environment

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

If “No,” please contact the RU PI about procuring your organization’s products and services as a contractor/vendor.

Section F: 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 +4 (Or Country)

Title of Subrecipient’s Authorized Institutional Representative

Phone

Fax

Date

Email Address

Below please list the appropriate person for OSP to contact if this proposal results in an award.

Name and Title

Email Address