

## SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to CSUCI. 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:

Subrecipient's Principal Investigator:

CSUCI's Principal Investigator:

Prime Sponsor:

CSUCI's Proposal Title:

Subrecipient Total Funds Request:

Performance Period:

### SECTION A – Proposal Documents

The following documents are included in our 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 and Administrative Rates** included in this proposal have been calculated at 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 CSUCI Research and Sponsored Programs.  
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 the Subrecipient).
- 2. Fringe Benefit Rates** included in this proposal have been calculated at based on:  
Rates consistent with our Federally negotiated rates. If this box is checked, a copy of our Federal fringe benefit rate agreement must be furnished to CSUCI Research and Sponsored Programs.  
Other rates (please specify the basis on which the rate has been calculated in Section E: Comments).
- 3. Small Business Concern**      **Yes**      **No**  
Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.  
If **YES**, Subrecipient represents that it is a:
  - Small, disadvantaged business as certified by the Small Business Administration
  - Women-owned small business concern
  - Veteran-owned small business concern
  - Service-disabled veteran-owned small business concern
  - HUBZone small business concern
- 4. Cost Sharing**      **Yes**      **No**      **Amount:**  
*Totals and justification for cost sharing should be included in the subrecipient's budget.*

**5. Human Subjects                      Yes                      No                      Approval Date: \_\_\_\_\_**

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

- a) IRB approval certification
- b) IRB approved project protocol
- c) Approved "Informed Consent" form
- d) Verification of IRB training
- e) Verification of FWA number and Expiration date

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

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

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

**6. Animal Subjects                      Yes                      No                      Approval Date: \_\_\_\_\_**

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

**7. 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 CSUCI's Principal Investigator as soon as they become available.

**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. 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 a 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.

**12. Debarment and Suspension**

Is the subrecipient entity, 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**, explain in Section E: Comments

The Subrecipient 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 entity.
- 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 of 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 three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

**SECTION C - Audit Status**

**13. Audit Status**

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 CSUCI Research and Sponsored Programs before a subaward will be issued.
- b. Has the audit been completed for the most recent fiscal year? **YES NO FY:**
- c. Were there any audit findings reported that are directly related to this project? **YES NO**

If **YES**, explain in Section E: Comments

Subrecipient **DOES NOT** receive an annual audit in accordance with 2 CFR 200.

- Subrecipient is a:
- Non-profit entity (under federal funding threshold)
  - Foreign entity
  - For profit entity
  - Government entity

CI will request completion of Audit Certification and Financial Status Questionnaire. A limited scope audit may be required before a subaward will 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 difference than location of Subrecipient*)

Address:

City, State, Zip:

Congressional District:

2. Subrecipient UEI Number:

3. Subrecipient EIN Number:

4. Subrecipient: NAICS Code:

5. Is Subrecipient owned or controlled by a parent entity?    **YES**    **NO**

6. If **YES**, provide information for the parent entity below:

Address:

City, State, Zip:

Congressional District:

Parent UEI Number:

Parent EIN Number:

6. Does the subrecipient currently have a Unique Entity Identifier (UEI), obtained through the System for Award Management (SAM)?    **YES**    **NO**

**Subrecipient *must have* a Unique Entity Identifier (UEI) prior to issuance of a Subaward.**

Organizations that do not have a Unique Entity Identifier can obtain one through SAM.

7. Is the Subrecipient's Principal Investigator and/or any other Investigator (key personnel) on the proposed subaward a CSUCI 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 E: Comments and notify the CSUCI Research and 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 made available to the general public.

**SECTION E – Comments, Additional Information and Links to Online Documents**

**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 regards 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

Date                      Email Address