

# SUBRECIPIENT COMMITMENT FORM



## Section I: To be completed by all Subrecipients

PASS-THROUGH ENTITY (PTE) INSTITUTION INFORMATION			
PTE PI		Maestro Proposal Number	
PTE Institution			
Prime Sponsor		Solicitation # or URL	
Project Title			

SUBRECIPIENT INSTITUTION INFORMATION							
Institution							
Type of Organization							
FDP Expanded Clearinghouse Profile URL (if applicable)	If you have a completed FDP Expanded Clearinghouse profile and comply with all applicable certifications, <b>INCLUDING PHS, DOE AND NASA FCOI Policies</b> , please skip section II.						
PI Name		eRA Commons					
PI Phone		PI E-Mail					
Project Period							
Unique Entity Identifier		Tax ID Number					
Performance Site Address		Performance Site Congressional District #					
Direct Costs (Do not include Cost Sharing)		F&A Costs		Total Costs			
Cost Sharing	Yes	No	Total Cost Share		Direct		Indirect

Contacts			
Administrative		E-Mail	
		Phone	
Fiscal Contact		E-Mail	
		Phone	
Authorized Official		E-Mail	
		Phone	

Compliance					
	YES/NO	APPROVAL DATE OR PENDING		YES/NO	APPROVAL DATE OR PENDING
Human Subjects			Recombinant DNA		
Vertebrate Animals			Select Agents		
Human Embryonic Stem Cells			Program Income		
International Collaboration					

Required Documents									
	Scope of Work		Budget		Budget Justification		Compliance Approvals		Other Documents as Required by RFP

**NOTE:** If funded, the subrecipient may need to provide approved compliance protocols, insurance certificates and/or audit certification

## Section II: To be completed by non-FDP member institutions only

### Facilities and Administration (F&A) Rate: \_\_\_\_\_%

Please check one of the following:

- Subrecipient's federally-negotiated F&A rate for this type of work.

Enter URL to subrecipient's F&A rate agreement or attach with submission: \_\_\_\_\_

- Other rate (please specify the basis on which the rate has been calculated): \_\_\_\_\_

### Fringe Benefit Rate:

Please check one of the following:

Consistent with or lower than the subrecipient's federally-negotiated fringe benefit rate.

URL to subrecipient's Fringe Benefit rate: \_\_\_\_\_

Other rate (please specify the basis on which the rate has been calculated): \_\_\_\_\_

### Debarment, Suspension, Proposed Debarment

Is the 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? If the subrecipient is owned by a parent entity, is the parent entity debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

No Yes (please explain): \_\_\_\_\_

The organization/institution certifies that it: (answer all questions below)

is is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts;

is is not presently indicted, or otherwise criminally or civilly charged, by a governmental entity;

is is not within three (3) years preceding this offer, 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 commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

is is not within three (3) years preceding this offer, subject to contract(s) termination by any federal agency for default.

### Conflict of Interest

Subrecipient hereby certifies that it has a conflict of interest policy that complies with 42 CFR Part 50 for Public Health Service agencies or sponsors who have adopted this policy, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of the organization/institution's knowledge (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement and required by its conflict of interest policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under a resulting agreement.

We agree to enter into a subrecipient agreement with the TAMU System Member that includes the TAMUS regulations (see:15.01.03 Financial Conflict of Interest in Research, which applies the requirement to all sponsored research) and citation to federal law (42 C.F.R. Part 50, Subpart F)

We agree to enter into a subrecipient agreement with the TAMUS that certifies subrecipient's policy complies with federal law (42 C.F.R. Part 50, Subpart F). **NOTE: All subrecipient applicants for PHS funds must be in compliance at the time of the application submission.**

Not applicable; this project is not funded by PHS or any sponsor that has adopted the federal financial disclosure requirements.

### Fiscal Responsibility

The organization/institution certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply):

has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they were received;

maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations, and the provision of contracts or grants;

complies with applicable laws and regulations; and

can prepare appropriate financial statements, including the schedule of expenditures of federal awards.

### Audit Status

Subrecipient receives an annual audit in accordance with OMB Uniform Guidance.

Most recent fiscal year audit completed: \_\_\_\_\_

Were there any findings?  Yes  No

URL for the subrecipient's most recent audit report: \_\_\_\_\_

Subrecipient DOES NOT receive an annual audit in accordance with OMB Uniform Guidance.

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

### Certification Regarding Lobbying

Subrecipient certifies there are no lobbying activities, or there are lobbying activities with a checkbox below to complete lobbying disclosure form with link provided to form ([SF-LLL](#))

## **Section III: To be completed by all Subrecipients**

In signing below and offering to participate in this research program, the Subrecipient Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research.

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and is prepared to establish the necessary inter-institutional agreement consistent with that policy. Any terms or rates included in the proposal described herein are not binding upon the Pass-Through Entity. All terms and conditions between the parties will be outlined in a separate formal Agreement.

The information, certifications, and representations above **have been read, signed, and made by an Authorized Organizational Representative of the Subrecipient Institution** named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to a sub recipient agreement 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 subrecipient agreement are at the Subrecipient's own risk.**

**If this is an NIH proposal: The subaward institution certifies that covered individuals on this proposal do not exceed the limits established in [NOT-OD-25-132](#).**

SUBRECIPIENT INSTITUTIONAL OFFICIAL:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature/Date