

FOR INTERNAL USE BY CWRU ONLY:

CWRU Dept: _____ Reviewer: _____

CWRU PI: _____

FP #: _____ Prime Sponsor: _____

SUBRECIPIENT COMMITMENT FORM

SECTION A: SUBRECIPIENT PROPOSAL INFORMATION	
Legal Name:	Authorized Official:
Address:	AO Email:
City, State, Zip+4:	AO Phone:
Phone Number:	Financial Contact:
Subrecipient PI:	Financial Email:
Subrecipient PI Email:	Project Title:
Place of Performance:	
Congressional District:	Project Period:
Federal/SAM.gov UEI:	Total Amount Requested:
DUNS:	EIN:
If Awarded, Administrative Contact Name:	If Awarded, Administrative Contact Email:
Is Subrecipient owned by or controlled by a Parent Entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide the following: Parent Entity Legal Name: Parent Address, City, State, and Zip+4: Parent Congressional District: _____ Parent DUNS: _____ Parent EIN: _____	
SECTION B: PROPOSAL DOCUMENTS	
<i>The Following Documents are included in our subaward proposal and are covered by the certifications below:</i> <input type="checkbox"/> Statement of Work (Required) <input type="checkbox"/> Facilities & Other Resources <input type="checkbox"/> Budget and Justification (Required) <input type="checkbox"/> Cost Sharing Amount (if applicable) <input type="checkbox"/> Biographical Sketches <input type="checkbox"/> Other: <input type="checkbox"/> Small/Small Disadvantaged Business Contracting/Subcontracting Plan <i>In agency required format</i>	
SECTION C: CERTIFICATIONS	
Small Business Concern: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002. If YES, Subrecipient represents that it is a:</i> <input type="checkbox"/> Small, disadvantaged business as certified by the Small Business Administration <input type="checkbox"/> HUBZone small business concern <input type="checkbox"/> Veteran-owned small business concern <input type="checkbox"/> Woman-owned small business concern <input type="checkbox"/> Service-disabled veteran-owned small business concern Cost Sharing: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount: \$ ___ <i>please include cost-sharing amounts and justification in the budget.</i> Does the Project involve Human Subjects: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, Copies of your IRB approval must be provided before any subaward will be issued.</i>	

IRB is Approved Pending Not Submitted

IRB Submission Date:

IRB Approval Date:

If YES, have all Key Personnel involved completed Human Subjects Training: YES NO

SECTION C: CERTIFICATIONS, CONTINUED...

Does the Project involve Animal Subjects: YES NO

If YES, Copies of your IACUC approval must be provided before any subaward will be issued.

IACUC is Approved Pending Not Submitted

IACUC Approval Date:

Recombinant DNA: YES NO

Dual Use Research of Concern (DURC): YES NO List of applicable agents: see page 9 of NIH policy.

Large Scale Human or Non-Human Genomic Data (if NIH): YES NO

If YES, documentation of your approved consent form and Institutional Certification will be required prior to the award, at the "Just in Time" stage.

SECTION D: CONFLICT OF INTEREST

Not Applicable because this project is not being funded by a Sponsor that has adopted the federal financial disclosures requirements.

For PHS, or other sponsors that have adopted the requirements regarding Conflicts of Interest, outlined in 42 CFR 50, Subpart F, Responsibility of Applicants for Promoting Objectivity in Research:

Subrecipient certifies that it has an active and enforced Conflict of Interest policy that is consistent with the provisions of 42 CFR Part 50, Subpart F "Responsibility of Applicants in Promoting Objectivity in Research" and has registered as an organization with a PHS-compliant FCOI policy with the FDP FCOI Clearinghouse.

Subrecipient certifies that it has an active and enforced Conflict of Interest Policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of the institution's knowledge, (1) all financial disclosures have 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 have or will have been satisfactorily managed, reduced, or eliminated in accordance with Subrecipient's Conflict of Interest policy prior to the expenditures of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced Conflict of Interest policy and wishes to comply with CWRU's Financial Conflict of Interest policy.

For NSF, or other sponsors that have adopted the NSF's Conflict of Interest requirements:

Subrecipient certifies that it is in compliance with the requirement to maintain a written and enforced policy on Conflict of Interest and complies with Chapter IX.A. of the NSF Award and Administration Guide February 2019.

Subrecipient acknowledges that failure to have a fully implemented conflict of interest policy may render it ineligible to receive funding.

SECTION E: ETHICS IN RESEARCH TRAINING

Not applicable because this project is not being funded by the NSF or any other program requiring Ethics in Research Training.

Subrecipient will ensure that all faculty, senior personnel, undergraduate, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on oversight in the responsible and ethical conduct of research.

SECTION F: FOREIGN COMPONENT

Subrecipient will ensure that no PI, Co-I, or Key Personnel are currently engaged in, were previously engaged in, or have received compensation from a Foreign Government Talent Recruitment Program.

A PI, Co-I, or other Key Personnel are currently engaged in, were previously engaged in, or are or have received compensation from a Foreign Government Talent Recruitment Program.

If this is checked, please provide an explanation of the circumstances in the Comment section below.

SECTION G: FDP EXPANDED CLEARINGHOUSE

Does subrecipient entity participate in the FDP Expanded Clearinghouse, <https://fdpclearinghouse.org/organizations?>

YES NO

If YES – Please Go to Section M: SIGNING AUTHORITY and SIGN this form before returning it to CWRU.

If NO – please complete the remainder of this form before signing and returning it to CWRU.

SECTION H: AUDIT STATUS

Subrecipient receives an annual audit in accordance with the Single Audit Act of 1984, as amended in 1986, and/or Uniform Guidance, Subpart F. Most recent fiscal year completed: FY ___

Subrecipient DOES NOT receive an annual audit in accordance with the Single Audit Act nor Uniform Guidance. If awarded, Subrecipient will be required to provide a copy of the most recent audited organizational statements.

SECTION I: FACILITY & ADMINISTRATIVE (F&A) RATES

F&A Rates included in this proposal have been calculated based on the following:

Our federally negotiated F&A rate for this type of work

Please include the URL to the rate agreement or attach it to this Form. URL:

No federal negotiated rate and we hereby agree to accept the 15% de minimis MTDC rate as a subrecipient.

In the case of the NIH: NIH will continue to reimburse F&A costs to foreign and international organizations at a rate of 8% of modified total direct costs (MTDC) less only equipment.

A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept.

Rate: ___ Base: ___

Not applicable (no indirect costs are requested). If checked, please specify rationale in Comment Section below.

Indirect costs are not separately requested as costs are fully burdened.

SECTION J: FRINGE BENEFIT RATES

The Fringe Benefit Rates included in this proposal have been calculated based on the following:

Rates are consistent with our federally negotiated rates.

Other rates (please specify in Comment Section below the basis on which the rate has been calculated)

Fringe Benefits are not separately requested as costs are fully burdened.

SECTION K: 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? YES NO

If YES, please explain in Comment Section below.

If **NO**, the Organization Certifies 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 for, or otherwise criminally or civilly charged by a government agency.

Has **Has 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

Has **Has not** within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

SECTION L: SAM REGISTRATION

Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) YES NO

If **NO**, organizations that have not registered with CCR will need to obtain a Unique Entity Identifier (UEI) number first and then access the CCR 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 CCR registration may take 3-5 business days to process. Subrecipient *must* maintain current CCR information in SAM.

EIN #:

Be sure that the EIN # & UEI number is entered on page 1.

COMMENTS:

SECTION M: SIGNING AUTHORITY

By signing below, I certify that I am an authorized institutional representative and the information and representations made herein are true, accurate, and complete. The appropriate programmatic and administrative personnel involved in this application are aware of all sponsor policies regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to the execution of a subaward agreement are at the subrecipient's own risk.**

Signature of Subrecipient's Authorized Official

Date

Name of Subrecipient's Authorized Official

Title of Subrecipient's Authorized Official

Phone

Email