

SUBRECIPIENT COMMITMENT FORM

Montclair State University requires completion of this form at the time of proposal submission to the Prime Sponsor. Subrecipient agreements cannot be fully executed without a complete and up-to-date form. The form must be approved and signed by your institution's Authorized Organizational Representative (AOR). This is the individual who has the authority to legally bind your organization in grants administration matters.

A. PASS-THROUGH ENTITY (PTE): MONTCLAIR STATE UNIVERSITY

Montclair PI Name:

Title of Proposal:

Proposed Period of Performance:

From:

To:

Subaward Period of Performance, if Different:

From:

To:

Prime Sponsor:

B. SUBRECIPIENT INFORMATION

Subrecipient PI Name:

Subrecipient PI Email:

Subrecipient Institution's Legal Name:

Subrecipient Institution's Legal Address:

City:

State:

Zip Code +4:

Congressional District (e.g. NJ008):

Place of Performance (address where research/activity will be performed, if different than legal address):

City:

State:

Zip Code +4:

Congressional District (e.g. NJ008):

Type of Institution

U.S. Public/State Inst. of Higher Ed.

U.S. Private Inst. of Higher Ed.

U.S. Non-Profit

Non-U.S. Entity

Other: _____

Federal EIN Number:

UEI Number:

Administrative Official Name:

Administrative Official Email:

C. PROPOSAL DOCUMENTS

Documents below are included in our subaward proposal submission and covered by the certification below (check all that apply):

STATEMENT OF WORK (Required)

BUDGET (Required)

BUDGET JUSTIFICATION (Required)

BIOSKETCHES OF KEY PERSONNEL in agency-required format (if required)

CURRENT AND PENDING SUPPORT OF KEY PERSONNEL in agency-required format (if required)

OTHER SUPPORTING DOCUMENTS: _____

Total Amount Requested:

Cost-Share: Will the subrecipient provide cost-share?

Yes Amount: _____

No

Facilities and Administrative Rates included in this proposal have been calculated based on:

Subrecipient's federally negotiated F&A rate. Please attach an F&A agreement or provide an F&A URL link.
URL Link: _____

Federal de minimus rate of 15% MTDC

Sponsor's required rate as specified in sponsor guidelines/instructions

Other Rates. Specify the basis on which the rate has been calculated in the Comments/Notes section at the end of the form.

Not Applicable. F&A costs are not allowed by the prime sponsor, or the subrecipient is forgoing F&A costs.

Fringe Benefit Rates included in this proposal:

Are based on rates consistent with or lower than the subrecipient's federally negotiated rate agreement.

Are based on other rates. Specify the basis on which the rate has been calculated in the Comments/Notes section at the end of the form.

D. COMPLIANCE INFORMATION

Will the Subrecipient Conduct Human Subjects Research?

Yes

No

IRB Submission Status (if answered yes)

Approved Protocol ID Number _____

Pending

Not Required at Time of Submission

Federalwide Assurance Number (if answered yes to HSR):

Will the subrecipient transfer or receive human subjects research data from the PTE?

Yes (indicate below which type of data)

De-Identified Data Set

Limited Data Set

Personally Identifiable Information

No

Unsure

Will the Subrecipient Conduct Animal Research?

Yes

No

IACUC Submission Status (if answered yes)

Approved Protocol ID Number _____

Pending

Not Required at Time of Submission

Animal Welfare Assurance Number (if answered yes to ASR):

E. REPRESENTATIONS & CERTIFICATIONS

Federal policy requires subrecipients of federal funds to be registered in (System for Award Management) [SAM.GOV](https://sam.gov).

Is the subrecipient currently registered in SAM.GOV? Yes No
If NO, organizations will need to register in [SAM.GOV](https://sam.gov).

Financial Conflict of Interest

Not Applicable (if the prime sponsor is **NOT** an agency of the Public Health Service, National Science Foundation, NASA, or the Department of Energy)

Applicable (if the prime sponsor is an agency of the Public Health Service, National Science Foundation, NASA, or the Department of Energy). Please select one of the following:

Subrecipient organization/institution certifies that it has an active and enforced conflict of interest policy that is consistent with the requirements of the applicable funding agency below.

[PHS Requirements](#)

[NSF Requirements](#)

[NASA Requirements](#)

[DOE Requirements](#)

Subrecipient also certifies that, to the best of the 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 financial 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 expenditures of any funds under any resultant agreement.

Subrecipient does not have an active FCOI policy but will have one in place consistent with the requirements of the applicable funding agency above.

Subrecipient does not have an active and/or enforced FCOI policy and agrees to abide by [Montclair State University's FCOI Policy](#).

Certification Regarding Debarment and Suspension

Subrecipient, the PI, or any other employee or student participating in this project are are not debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contract, or activities.

Subrecipient, the PI, or any other employee or student participating in this project are are not presently indicted for, or otherwise criminally or civilly charged by a government entity.

Subrecipient has has not, within the last three (3) years preceding this offer, been convicted of or had a civil judgement 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.

Subrecipient has has not, within the last three (3) years preceding this offer, had any contract terminated for default by any federal agency.

*If responding affirmatively to any of the above, please explain:

Responsible and Ethical Conduct of Research (RECR)

Not Applicable (if the prime sponsor is **NOT** the NSF, USDA-NIFA, or NIH)

Applicable (if the prime sponsor is the NSF, USDA-NIFA, or NIH). Please select one of the following:

We certify that we have an institutional plan that will address RECR training and that we have a training plan in place to fulfill all requirements as listed below for the relevant funding agency.

[NSF Requirements](#)

[USDA-NIFA Requirements](#)

[NIH Requirements](#)

Subrecipient does not have an active RECR training plan but will have one in place consistent with the requirements of the applicable funding agency above.

Subrecipient does not have an active and/or enforced RECR training plan and agrees to abide by Montclair State University's RECR Policy.

Research Security Training

If required by the Prime Awarding Agency, does the Subrecipient certify that all Key Project Personnel named on this Project have taken the necessary research security training? Yes No N/A

[NIH Requirements](#)

[NSF Requirements](#)

[DOE Requirements](#)

F. AUDIT STATUS & SUBRECIPIENT MATURITY

If subrecipient receives an annual audit in accordance with 2 CFR Part 200 Subpart F:

Most recent fiscal year completed: FY _____

Provide a URL for the most recent audit: _____

Were any audit findings reported? Yes No

If subrecipient DOES NOT receive an annual audit in accordance with 2 CFR Part 200 Subpart F:

Does the subrecipient have another form of audit?

Yes. Please provide a URL for the most recent audit: _____

No

Subrecipient Level of Maturity

Mature: 10+ years of sponsored programs/research experience

Intermediate: 5-9 years of sponsored programs/research experience

Beginner: 1-4 years of sponsored programs/research experience

Start-up: Less than 1 year of sponsored programs/research experience

Required Information Systems

Does the subrecipient have a self-balancing set of accounts recording cash and other financial resources which are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations?

Yes No

Does the subrecipient have a procurement system which can record and segregate goods and services for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations?

Yes No

G. APPROVED for SUBRECIPIENT

APPROVED FOR SUBRECIPIENT:

The information, certifications and representations above have been read, signed and made by an authorized official of the subrecipient named here in. The appropriate programmatic and administrative personnel involved in the application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Subrecipient understands that 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 Official

Name and Title of Authorized Official

Date

Email of Authorized Official

COMMENTS/NOTES: