

## SUBRECIPIENT COMMITMENT FORM

**SUBRECIPIENT'S LEGAL NAME:** \_\_\_\_\_

**LEGAL ADDRESS:**

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):

\_\_\_\_ Same as legal address

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_ Congressional District (e.g. NJ008): \_\_\_\_\_

**TYPE of ORGANIZATION:** \_\_\_ U.S. University/Non-Profit \_\_\_ U.S. For-Profit \_\_\_ U.S. Govt. Entity \_\_\_ Non-U.S. Entity

**FEDERAL EIN NUMBER:** \_\_\_\_\_ **DUNS NUMBER:** \_\_\_\_\_

Does subrecipient have an active registration with [SAM.GOV](http://SAM.GOV)?

- a.) \_\_\_ Yes Date of Expiration \_\_\_\_\_ b.) \_\_\_ No (will register with Sam.Gov)

**SUBRECIPIENT PRINCIPAL INVESTIGATOR:** \_\_\_\_\_

**PROPOSAL TITLE:** \_\_\_\_\_

**TOTAL FUNDS REQUESTED:** \$ \_\_\_\_\_ **PERIOD OF PERFORMANCE: BEGINS:** \_\_\_\_\_ **ENDS:** \_\_\_\_\_

### SECTION A – 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) must describe subrecipient's specific role within the MSU project)  
\_\_\_ **BUDGET AND BUDGET JUSTIFICATION** (required)  
\_\_\_ **BIOSKETCHES OF KEY PERSONNEL** in agency required format (if required by agency)  
\_\_\_ **CURRENT AND PENDING SUPPORT** in agency required format (if required by agency)  
\_\_\_ **OTHER:** \_\_\_\_\_

### SECTION B – Technical Information

**1. Compliance:**

Human Subjects \_\_\_ Yes \_\_\_ No Protocol Approval Date \_\_\_\_\_ Review Pending? \_\_\_ FWA Number \_\_\_\_\_

Animal Subjects \_\_\_ Yes \_\_\_ No Protocol Approval Date \_\_\_\_\_ Review Pending? \_\_\_ AWA Number \_\_\_\_\_

### SECTION C – Budget Information

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

- a.) \_\_\_ Subrecipient's federally negotiated F&A rate (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below.)

URL: \_\_\_\_\_

- b.) \_\_\_ Federal de minimus rate of 10%

(If this box is checked, the 10% rate will apply to all additional subawards/subcontracts to your organization until a federally negotiated F&A rate is elected)

- c.) \_\_\_ Sponsor's required rate as specified in prime sponsor guidelines  
d.) \_\_\_ Other Rate (please specify the basis on which the rate has been calculated in Section F Comments/Notes).

**2. Fringe Benefit Rates** included in the proposal:

- a.) \_\_\_ Are consistent with or lower than our federally negotiated rate agreement.  
b.) \_\_\_ Are based on other rates (please specify the basis on which the rate has been calculated in Section F Comments/Notes).

**3. Cost-Sharing:** Is the subrecipient providing cost-sharing on this project? \_\_\_ Yes \_\_\_ No Amount: \$ \_\_\_\_\_

### SECTION D – Certifications

**1. Financial Conflict of Interest** (applicable to PHS funded sponsors, or those sponsors that have similarly adopted federal financial disclosure requirements.)

- a.) \_\_\_ Not applicable. This project is not funded by an agency of the Public Health Service (PHS)—e.g., NIH, CDC, AHEQ, or any other federal sponsor that has adopted federal financial disclosure requirements (NSF, etc.)

- b.)  Subrecipient organization/institution 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 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.
- c.)  Subrecipient does not have an active conflict of interest policy but will have in place a conflict of interest policy consistent with 42 CRR Part 50, Subpart F, and/or 45 CRF Part 94, at the time of award.
- d.)  Subrecipient does not have an active and/or enforced financial conflict of interest policy and agrees to abide by Montclair State University's located online at: <http://www.montclair.edu/orsp/compliance/conflict-of-interest/>
- e.) **Subrecipient shall report any financial conflict of interest to Montclair State University.** Any financial conflicts of interest identified shall subsequently be reported to the funding agency. **Such a report shall be made before expenditure of funds authorized in this Subrecipient Agreement and within 45 days of any subsequently identified financial conflict of interest.**

**2. Certification Regarding Debarment and Suspension**

Subrecipient participant certifies that it and the principals:  **Are**  **Are Not** presently debarred and suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in any federal department or agency. Subawards to any entity or individual included in the Federal Excluded Parties List are prohibited from receipt of federal funding.

**SECTION E – Audit Status**

**1. Audit Status**

a.)  Subrecipient receives an annual audit in accordance with 2 CFR Part 200 Subpart F.

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

Were any audit findings reported?  Yes  No (If "Yes," attach description of findings and steps institution took to rectify the issues)

**Note: A complete copy of subrecipient's most recent audit report or a URL link to a complete copy must be furnished to Montclair State University before a subaward will be issued. URL: \_\_\_\_\_**

b.)  Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR Part 200 Subpart F.

- Subrecipient is a:
- Under federal funding threshold (\$750,000)
  - For-profit entity
  - Foreign entity
  - Government entity

**SECTION F – APPROVED for SUBRECIPIENT**

**Please complete this form, attach all required proposal documents and certifications and submit to the Office of Research & Sponsored Programs. These documents must be received by Montclair State University prior to proposal submission to the sponsor.**

**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.

*By signing below, subrecipient certifies that all required training (PHS, NSF, etc.,) will be completed by project personnel as required by the sponsoring agency.*

**\*\*\*Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.**

\_\_\_\_\_  
Signature of Subrecipients Authorized Official      Date      \_\_\_\_\_  
Type name and title of authorized official

\_\_\_\_\_  
Phone      email

**COMMENTS/NOTES:**