SAMPLE Subrecipient Commitment Form and Institutional Profile

A – Subrecipient Proposal Data			
Subrecipient's Legal Name			
Subrecipient's Principal Investigator			
Principal Investigator			
Grant Title			
Prime Sponsor			
Proposed Performance Period			
Subrecipient Total Proposed Funding	Year 1	Total Performance Period	

B - Certifications and Compliance Data

Conflict of Interest (applicable to NSF and all PHS agencies, including NIH). Please select appropriate option.

Subrecipient certifies that it has a written and enforceable conflict of interest policy that is consistent with the 2011 provisions of 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought, and 45 CFR Part 94, "Responsible Prospective Contractors." The Authorized Official of the consortium institution further certifies that all required training has been completed, that all financial disclosures required by its conflict of interest policy have been made, and that all identified conflicts of interest will have been satisfactorily managed, reduced or eliminated prior to the execution of any agreement, should the above-referenced application be successful. The terms of the subcontract shall stipulate the procedures related to the consortium institution's obligations during the life of the award.

Subrecipient certifies that it does not have a written and enforceable conflict of interest policy that is consistent with the 2011 provisions of 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought, and 45 CFR Part 94, "Responsible Prospective Contractors."

Not applicable. This project is not being funded by the NSF, any PHS agency, or any other program requiring federal financial disclosures.

Human Subjects: Yes No

(If "Yes," additional information, found on the Institutional Profile section of this form, along with copies of IRB approval will be required prior to any subaward being issued.)

Human Subjects Training (NIH Only)

If Human Subjects is "Yes" and the project is funded by NIH, have all key personnel involved completed Human Subjects Training?

Yes

No

Animal Subjects: Yes No

(If "Yes," additional information, found on the Institutional Profile section of this form, along with copies of IACUC approval will be required prior to any subaward being issued.)

Facilities and Administrative Rates

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

		derally-negotiated F&A rate for lox is checked, a copy of Subreci					
	An allowable 10% de minimis rate, used in lieu of a negotiated rate per the above.						
	Not applicable (r	no indirect costs requested for S	ubrecipient).				
Fringe B	enefit Rates Any Fringe Bene	fit Rates included in this proposa	ıl have been calcı	ulated based on:			
	Rates consistent with or lower than Subrecipient's federally-negotiated rate. (If this box is checked, a copy of Subrecipient's fringe benefit rate agreement is attached or may be found at the following URL:						
	Other rate. (Please specify the basis on which the rate has been calculated:						
Cost-sha	ring/Matching/In	-Kind Commitments included	Yes	No	Amount		
Is the Su debarme	brecipient, PI, or a ent, declared inelig escribe in the Com	barment and Suspension ny other employee or student p gible, or otherwise excluded fron ments below.) Yes		federal assistance			
D - Subre	ecipient Certificatio	on					
in this g prepare certify t	rant applicationed to establish the	mmatic and administrative are aware of applicable prine necessary inter-institution	me agency con nal agreement	nsortium grant s consistent wi	policies and are ith those policies. I		
Authoriz Name ar Date: Federal I							
	DUNS+4						

)

)

Sections A – D must be provided, including signature, for each proposal submission. Institutional Profile Data (Sections E - G below) should be kept on file within the past year before any subaward can be issued. The Institutional Profile may be provided at the time of proposal, but in all cases will be needed prior to issuance of any subaward.

E – Additional Institutional and Compliance Data	a		
	~		
Subrecipient Legal Name:			
Address:			
City, State, Zip Code + 4			
Phone:			
Email:			
Federal Employer Identification Number (EIN)			
DUNS or DUNS + 4			
System for Award Management (SAM; former Is Subrecipient registered in SAM:	ly CCR) es No	Expiration Da	ite:
Type of Organization (Check all that apply): For profit entity Non-profit entity College/University Foreign entity			
Human Subjects FWA #			
Animal Subjects AWA#			
F - Audit and Financial Information			
Organizational Fiscal Year – From:	То:		
Does the Subrecipient conduct a single audit o Subchapter G,701 Audit Requirements?	n an annual basis as ro Yes	equired in 2 CFR 200, the No	Uniform Guidance,
 If "Yes," has the audit been complete 	d for the most recent t	fiscal vear? Yes	No
 Were any findings reported? 		=	No
o were any manigareported.	(ii res, explain iii con	ments below/	No
Note: A complete copy of Subrecipien	nt's most recent Single	Audit Report is hereto a	ttached or may be found at:
 If "No," please answer the following of 	questions. All question	s must be answered.	
 Are Subrecipient's financial state (If yes, please attach a copy of the 			Yes No ported findings.)
 Do you adhere to CASB (Cost According Subaward? 	ounting Standards Boa No	ard) FAR 31 regulations u	nder the proposed

Do you have a financial management system that can separately identify the source and application of funds

No

Yes

for Subaward supported activities?

	funds, prope	rty, and other assets?	Yes	No		
•	Are duties se Yes	parated so that no one indi No	ividual has complete	authority over a	n entire financial trar	saction?
•	Do you have	a formal written travel poli	icy? Ye	es N	o	
•	Do you have	a formal written purchasing	g/procurement poli	cies and procedu	res? Yes	No
•	-	tain an inventory of governi serial number, location and				No
•		ecipient administered fede greements and what has tot	-	-		(If "Yes", ?)
•		recipient have staff to adm ration of federal funds inclu o (If yes, please detail l	ıding FAR (Federal A	cquisitions Regist	er) and Uniform Guid	
G - Authoriz	ed Signature					
of the Sub	recipient nan	cations and representationed herein. I certify that		•		
organizatio	on of which i	am a representative.				
Authorized S	Signature:					
Name and T	itle:					
Date:						
No Concern	s					
Level 1						
Level 2						
Level 3						

Do you have a financial management system that provides for the control and accountability of project

Sections A – D must be provided, including signature, for each proposal submission. Institutional Profile Data (Sections E - G below) should be kept on file within the past year before any subaward can be issued. The Institutional Profile may be provided at the time of proposal, but in all cases will be needed prior to issuance of any subaward.