SUBRECIPIENT COMMITMENT FORM

Subrecipient Legal Name: _____

Subrecipient PI Name: _____

Address: _____ City: _____ State: _____

E-mail: _____ Phone: _____ Fax: _____

Address where research will be performed: _____ City: _____ State: _____

Proposal Title: _____

Performance Period Begin Date: _____ End Date: _____

RFSUNY/SBU's PI Name: _____

Prime Sponsor: _____

Requested Amount: Year One: _____ All Years: _____

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

☐ **STATEMENT OF WORK (required)** ☐ **COVER/FACE PAGE (required)**
☐ **BUDGET AND BUDGET JUSTIFICATION (required)**

☐ **Subrecipient is part of FDP Expanded Clearinghouse Pilot. http://sites.nationalacademies.org/PGA/fdp/PGA_171219**
Complete Sections A and B only

☐ **Subrecipient is NOT part of FDP Expanded Clearinghouse Pilot.**
Complete Sections A, B, C and D

Section A - Proposal Information

1. **Cost Sharing** ☐ Yes ☐ No **Amount:_____**
   Cost sharing, matching and/or in-kind amounts and justification should be included in the Subrecipient's budget

2. **Human Subjects** ☐ Yes ☐ No **Approval Date:_____**
   If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to RFSUNY/SBU's PI as soon as they become available.
   If "Yes": **Have all key personnel involved completed Human Subjects Training?** ☐ Yes ☐ No

3. **Animal Subjects** ☐ Yes ☐ No **Approval Date:_____**
   If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to RFSUNY/SBU's PI as soon as it becomes available.

4. **Responsible Conduct of Research (RCR) (for NSF-funded projects only):**
   ☐ **Yes** ☐ **No** Subrecipient certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.
   ☐ **Yes** ☐ **No** Subrecipient certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

5. **Export Control**
   ☐ **Yes** ☐ **No** Subrecipient hereby certifies that neither it nor any persons or entities (paid or non-paid) participating in this project are prohibited/denied persons or entities under the federal export control regulations.

SECTION B – Subrecipient Approval

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards 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 subaward agreement are at the Subrecipient's own risk.**

_____
Signature of Subrecipient's Authorized Official

_____
Subrecipient's Legal Name

_____
Name and Title of Authorized Official

_____
Address

_____
Email

_____
City, State, Zip

_____
Phone

_____
Date

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SECTION C - Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:
   - ☐ Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.
     (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)
   - ☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)
   - ☐ Not applicable – Subrecipient is not requesting payment of F&A costs

2. **Fringe Benefit Rates** included in this proposal have been calculated based on:
   - ☐ Rates consistent with or lower than our federally-negotiated rates
     (If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)
   - ☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).

3. **Small Business Concern**   ☐ **Yes**   ☐ **No**
   Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

   If "Yes": Subrecipient represents that it is a:
   - ☐ Small disadvantaged business as certified by the Small Business Administration
   - ☐ Women-owned small business concern
   - ☐ Veteran-owned small business concern
   - ☐ Service-disabled veteran-owned small business concern
   - ☐ HUBZone small business concern
   - ☐ Other: _____

4. **Lobbying (for U.S. federal projects only):**
   ☐ **Yes**   ☐ **No** Subrecipient certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation.)

5. **Conflict of Interest -** Please check the appropriate box below
   - ☐ 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Subrecipient's knowledge, (1) all financial disclosures will be made related to the activities that may be funded by or though 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 expenditures of any funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.
   - ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt RFSUNY's policy.

   By signing below, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any funded contract/grant. For those adopting RFSUNY's policy, the training is located online at: http://www.stonybrook.edu/research/orc/coi.shtml#training-tab.

6. **Debarment and Suspension**
   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"**, explain in Section D *Comments* below)

   The Subrecipient certifies they: (answer all questions below)

   - ☐ are ☐ are not   presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
   - ☐ are ☐ are not   presently indicted for, or otherwise criminally or civilly charged by a government entity
   - ☐ have ☐ have 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 of 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
   - ☐ have ☐ have not   within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

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7. **Audit Status**

☐ Subrecipient receives an annual audit in accordance with OMB Circular A-133.

Most recent fiscal year completed: FY_____

Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) ☐ **Yes** ☐ **No**

Note: Please attach a complete copy of your most recent A-133 audit report or provide the URL link to a complete copy.

☐ Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.

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

Note: RFSUNY/SBU will reserve the right to request and review audit reports, perform random audits, perform site visits to observe program operations and to review financial records to ensure proper level of monitoring should the risk assessment indicate the potential need. Completion of an audit questionnaire may be required upon subaward issuance.

SECTION D – Subrecipient Information

Registered in SAM? ☐ Yes ☐ No

Federal Employer Identification Number (EIN): _____

DUNS or DUNS + 4 number: _____

Subrecipient's Congressional District: _____

CAGE Code: _____

Is Subrecipient owned or controlled by a parent entity? ☐ **Yes** ☐ **No**
If "Yes", please provide the following:

Parent Entity Legal Name: _____

Parent Entity Address, City, State, Zip: _____

Parent Entity Congressional District: _____

Parent Entity DUNS: _____