



# **Subrecipient Commitment Form**

## Part I: To be completed by all subrecipients/subcontractors

All subrecipients, as well as potential subcontractors who anticipate funding under a federal or non-federal contract, should complete this form when participating as a subrecipient or subcontractor in a proposal submitted by Stony Brook University. This form provides a checklist of documents and certifications required by prime sponsors, and if it is completed, it must be endorsed by the subrecipient's authorized institutional representative prior to proposal submission.

| 1. STONY BROOK UNIVERSITY PROPOSAL INFORMATION - PASS-T                                       |   |            |  |  |  |  |  |
|---|---|------------|--|--|--|--|--|
| PTE PI:   | Prime Sponsor:  |            |  |  |  |  |  |
| PTE myResearch FP #:  | If Prime Sponsor is NIH: (1) Is this an MPI project? Ye           | s No       |  |  |  |  |  |
|   | (2) Is the subrecipient a foreign entity? Ye                      | s No       |  |  |  |  |  |
| 2. SUBRECIPIENT PROPOSAL INFORMATION  |   |            |  |  |  |  |  |
| Legal Name:   | Authorized Official Name:   |            |  |  |  |  |  |
| Address:  | Authorized Official Email:  |            |  |  |  |  |  |
|   | Authorized Official Phone #:                                      |            |  |  |  |  |  |
| Phone Number:   | Financial Contact Name:   |            |  |  |  |  |  |
| Thore Number.   | Financial Contact Email:  |            |  |  |  |  |  |
| Subrecipient PI:  | Project Title:  |            |  |  |  |  |  |
| Subrecipient PI Email:  |   |            |  |  |  |  |  |
| Place of Performance:   | Project Period:   |            |  |  |  |  |  |
| Congressional District:   | Requested Amount Yr. 1:   |            |  |  |  |  |  |
| UEI Number:   | Requested Amount All Yrs:   |            |  |  |  |  |  |
| 3. PROPOSAL DOCUMENTS   | '   |            |  |  |  |  |  |
| The following documents are included in our subaward proposal a                               | and covered by the certifications below:                          |            |  |  |  |  |  |
| Scope of Work (Required)  | Facilities & Other Resources                                      |            |  |  |  |  |  |
| Budget and Justification (Required)  Cost Sharing Amount (if applicable):                     |   |            |  |  |  |  |  |
| Biographical Sketches   | Other:  |            |  |  |  |  |  |
|   |   |            |  |  |  |  |  |
| 4. CERTIFICATIONS   |   |            |  |  |  |  |  |
| Documentation of Subrecipient's approval(s) may be required                                   |   |            |  |  |  |  |  |
| Subrecipient's Scope of Work Includes:  | Recombinant DNA   |            |  |  |  |  |  |
| Human Subjects  | Dual Use Research of Concern (DURC) For a list of                 |            |  |  |  |  |  |
| If human subjects are involved, have all key personnel  | applicable agents, see page 9 of NIH policy.                      |            |  |  |  |  |  |
| completed human subjects training? Yes No   | Large Scale Human or Non-Human Genomic Data (if                   | NIH)       |  |  |  |  |  |
| Vertebrate Animals  | For applicability, please refer to NOT-OD-14-124. Documenta       | tion of ar |  |  |  |  |  |
| Custom made antibodies  | approved consent form and Institutional Certification will be req | uired prio |  |  |  |  |  |
| Human induced pluripotent or Human Embryonic Stem Cells                                       | to the award, at the "Just in Time" stage.                        |            |  |  |  |  |  |
| 5. FDP Clearinghouse  |   |            |  |  |  |  |  |
| Does the subrecipient entity participate in the FDP Clearinghouse                             | e? Yes No   |            |  |  |  |  |  |
| If <b>YES</b> , complete this page and sign below.<br>(Do not complete Part II of this form.) |   |            |  |  |  |  |  |
| If <b>NO</b> , complete <i>both</i> Parts I and II of this form and sign below.               |   |            |  |  |  |  |  |

If the Prime Awarding Sponsor is the National Institutes of Health (NIH), the Subrecipient is aware and agrees to abide by all of the provisions of NIH GPS 15.2.1 requiring that international subrecipients provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to the primary recipient/PTE with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report (RPPR) submission. Such access may be entirely electronic.

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 execution of a subaward agreement are at the Subrecipient's own risk.

| Signature of Subrecipient's Authorized Institutional Official | Name and Title of Subrecipient's Authorized Institutional Office |  |  |  |
|---|--|--|--|--|
| Date  | Last updated - October 2024                                      |  |  |  |

## Part II: To be Completed by Subrecipients/Subcontractors NOT participating in the FDP Clearinghouse Pilot

See list of participating FDP organizations.

#### Certifications

|      | ilications                      |  |   |  |  |  |   |
|------|---------------------------------|--|---|--|--|--|---|
| Subi | recipient is                    | : Nonprofit  | For-Profit  | Foreign                                    | Government   | Other  |   |
| 1.   | Our fed<br>No fed<br>In the cas | derally negotia<br>eral negotiated                                     | ted F&A rate for<br>I rate and we had read we had and the second in the sec | or this type<br>nereby agre<br>o reimburse | of work.<br>e to accept the 1<br>e F&A costs to fo | en calculated based on the follo<br>5% de minimis MTDC rate as a s<br>reign and international organiza | subrecipient.   |
|      | A redu                          | ced F&A rate o   | lictated by the   | prime spor                                 | nsor that we here                                  | eby agree to accept. Rate:   | Base:   |
|      | Not ap                          | plicable (no in  | direct cost are   | requested)                                 | . If checked, ple                                  | ase specify rationale in Comme   | nt Section below.   |
|      |                                 |  |   |  | costs are fully bu                                 |  |   |
| 2.   | Rates<br>Other                  | are consistent rates (please s   | with our feder<br>pecify in Comr  | ally negotia<br>nent Sectio                | ted rates.   | d based on the following:<br>s on which the rate has been ca<br>ourdened.                              | culated)  |
| 3.   | Financial                       | Conflict of Inte   | rest and FFAT   | A Executive                                | Compensation                                       | Exemption Certification  |   |
|      |                                 | cipient organiza<br>or's requiremen                                    | •   | on has an ac                               | ctive and enforce                                  | ed policy on conflict of interest of   | consistent with the   |
|      | 1 •<br>1 •                      | DOE follows FA<br>NASA follows G<br>NSF follows PAI<br>PHS follows the | CAM Section 3<br>PPG Part II Cha  | pter IX.A                                  | 50 Subpart F                                       |  |   |
|      | RFSUN                           | cipient does no<br>Y's policy.<br>rganization is                       |   |  |  | of interest policy and hereby ago<br>utive Compensation.   | rees to abide by  |
| 4.   | Ethics in                       | Research Train   | ing   |  |  |  |   |
|      | Applicabl                       | e to projects fu   | inded by NSF o  | r any other                                | programs requi                                     | ring Ethics in Research Training.  |   |
|      | Not ap                          | plicable becaus  | se this project i   | is not being                               | funded by NSF of                                   | or any other programs requiring  | Ethics in Research Training.                                  |
|      | Subrec<br>who w                 | ipient organiza<br>ill be supported                                    | tion/institution<br>d by this NSF p   | n will ensur<br>roposal will               | e that all underg<br>be trained on th              | raduates, graduate students, an<br>e oversight in the responsible a                                    | d postdoctoral researchers<br>nd ethical conduct of research. |
| 5.   | Debarme                         | nt, Suspension   | , Proposed De   | barment                                    |  |  |   |
|      | for debar                       |  | l ineligible or v   |  |  | participating in this project deb<br>ceiving funds from any federal c                                  |   |
|      | If <b>YES</b> , ple             | ase explain in   | Comment Sect  | ion below.                                 |  |  |   |
|      | If <b>NO</b> , the              | Organization (   | Certifies it (ans   | wer all que                                | stions below):                                     |  |   |
|      | is                              | is not present   | ly debarred, su   | ıspended, p                                | roposed for deb                                    | arment, or declared ineligible fo  | r award of federal contracts;                                 |
|      | is                              | •  | •   |  | •  | ivilly charged by a government a   |   |
|      | has<br>for comm                 | has not within   | n three (3) yea   | rs precedin                                | g this offer, beer                                 | convicted of or had a civil judge<br>aining, attempting to obtain, or                                  | ment rendered against them                                    |
|      |                                 |  |   |  |  | ate antitrust statutes relating to   |   |
|      | commissi                        | ons of contraction of embezzle   | t or subcontra  | ct; violation                              | of Federal or St                                   | ate antitrust statutes relating to   |   |
|      | has                             |  | n 3 years prece   | eding this of                              | ffer, had one or r                                 | more contracts terminated for d  | efault by any federal agency.                                 |

6. Affirmative Action Compliance

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than fifty (50) employees and the subaward will be for \$50,000 or more, you are required to have a written affirmative action program

Yes, our institution has a written affirmative action program developed and on file.

No, our institution does not have a written affirmative action program.

Not Applicable, our institution does not have more than 50 employees and/or the total subaward will be less than \$50,000.

|    | _ | _  |    |   |    |  |
|----|---|----|----|---|----|--|
| Λ. |   | :+ | St | - | ٠. |  |
|    |   |    |    |   |    |  |

| 1. | Was the subrecipient required to conduct an annual aud | it in ac | cordance with the | Single Audit Ac | t or Uniform ( | Guidance S | Subpar |
|----|--|----------|-------------------|-----------------|----------------|------------|--------|
|    | F. Audit Requirements for the most recent Audit year?  | Yes      | No                |                 |                |            |        |

a) Was an audit in accordance with the Single Audit Act completed for the most recent fiscal year? Yes No

If YES is checked, a complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to SBU before a subaward will be issued. URL:

If no audit was completed OR if Subrecipient is not subject to the Single Audit Act or Uniform Guidance, RFSUNY/SBU will reserve the right to request and review audit reports, perform random audits and review financial records to ensure proper level of monitoring. Completion of an audit questionnaire may be required.

b) Were there any audit findings reported? Yes No If YES, please clarify in the comment section below.

#### **Subrecipient Institutional Information**

Federal policy requires subrecipients of federal funds to be registered in SAM

1. Is subrecipient currently registered in Central Contractor Registration via <u>SAM</u>? 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) <u>home page</u> (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.

| 2. EIN #:  |
|--|
| 3. Be sure that the UEI number is entered on page 1. |
| Comment  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |