



Clafin University SUBRECIPIENT COMMITMENT FORM Complete and return a signed copy to:

Name of Contact _____, Phone: _____, Email: _____

Subrecipient Legal Name: _____

Subrecipient PI Name: _____

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

Proposal Title: _____

Performance Period Begin Date: _____ End Date: _____

Clafin's PI Name: _____

Prime Sponsor: _____ Funding Oppy # _____

SECTION A – Proposal Documents

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

STATEMENT OF WORK (required)

BUDGET AND BUDGET JUSTIFICATION (required) Total Amount Requested _____

Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format

Biosketches of all Key Personnel, in agency-required format

Other: _____

Other: _____

SECTION B - 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 a link in Section D *Comments* below)

Other rates (please specify the basis on which the rate has been calculated in Section D *Comments*)

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. **Type of Organization:** _____

4. **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: _____

5. **Registered in System of Award Management (SAM):** Yes No Date last updated: _____

6. **Cost Sharing** Yes No Amount: _____
Cost sharing amounts and justification should be included in the subrecipients budget

7. **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 Clafin's Vice Provost for Research (VPR) Office or SPO as soon as they are available. In accordance with Clafin policy, Clafin's IRB must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

If "Yes": Have all key personnel involved completed Human Subjects Training? Yes No

8. **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 Clafin's VPR/SPO as soon as it becomes available. In accordance with Clafin policy, Clafin's IACUC/IRB must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

9. Conflict of Interest

Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR §200.112, "Conflict of Interest." Subrecipient also certifies that, to the best of its 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 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 expenditure of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by Claflin's Policy on Financial Disclosures in Sponsored Projects. Pursuant to the Policy, for projects funded by PHS agencies Subrecipient key personnel, including consultants, must complete the required disclosures at the time of proposal submission and complete training prior to the expenditures of any funds under any resultant agreement.

Not applicable because this project is not being funded by federal funding or any program requiring financial disclosures.

10. Debarment and Suspension - Subrecipient Principal Investigator

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)

11. The Subrecipient Institution certifies that the organization: (answer all questions below)

- a) is is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- b) is is not presently indicted for, or otherwise criminally or civilly charged by a government entity.
- c) has has 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.
- d) has has not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. (If yes, explain in Section D *Comments* below)

SECTION C - Fiscal Status

12. Audit Status

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

A-133 Contact name and title: _____
Auditee name A-133 filed under: _____
Most recent fiscal year completed: FY _____

Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) **Yes No**
If yes, were any of these findings related to a project involving Claflin University? **Yes No**
(If "Yes" to either question, explain in Section D, *Comments*, below.)

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: _____

A limited scope audit may be required before a subaward will be issued.

13. Fiscal Responsibility (Check each box that applies. If a box is not checked please explain in Section D, *Comments*)

The organization certifies that its financial system is in accordance with generally accepted account principles (GAAP) and:

- has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;
- maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;
- complies with applicable laws and regulations;
- can prepare appropriate financial statements, including the schedule of expenditures of federal awards;
- there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

SECTION D - Comments (Attach additional sheets, if necessary)

APPROVED FOR SUBRECIPIENT

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.

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| _____ Signature of Subrecipient's Authorized Official | _____ Legal Name of Subrecipient's Organization/Institution |
| _____ Name and Title of Authorized Official | _____ Address |
| _____ Email | _____ City, State, Zip |
| _____ Phone | _____ Federal Employer Identification Number (EIN) |
| _____ Date | _____ DUNS or DUNS+4 number |
| | _____ Subrecipient's Congressional District |
| | _____ Number of Employees |
| | _____ Date of Incorporation |
| | _____ State/Location of Incorporation |

Is Subrecipient owned or controlled by a parent entity? Yes No

If "Yes", please provide the following:

Legal Name of Parent Entity: _____
Address: _____
Congressional District: _____
DUNS: _____
EIN: _____