

# SUBRECIPIENT COMMITMENT FORM

Please have this form completed by someone who a) is knowledgeable about your organization's business processes and b) possesses information on the scope of work to be carried out by your organization's Principal Investigator / Project Director. The form must be approved and signed by your organization's Authorized Organizational Representative (AOR). The AOR is the individual who has the authority to legally bind your organization in grant administration matters.

## SECTION A: NAU Proposal Information

To be completed by the NAU PI (or delegate) prior to submission to OSP.

**Name of NAU PI:** \_\_\_\_\_

**Title of Proposal:** \_\_\_\_\_

**Name of Subrecipient Organization:** \_\_\_\_\_

**Notice of Funding Announcement Number:** \_\_\_\_\_

**Notice of Funding Announcement URL:** \_\_\_\_\_

## SECTION B: Subrecipient Eligibility

To be completed by the Subrecipient prior to submission to OSP.

### SUBRECIPIENT:

**I certify that my organization is correctly categorized as a subrecipient and is not a contractor:**

(Check as applicable).

- ☐ Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program.
- ☐ Will use the funds to carry out a program for public purpose, as opposed to providing goods or services for the benefit of NAU.
- ☐ Is responsible for adhering to applicable program requirements specified in the prime award.
- ☐ There is an identified PI for the subrecipient who has responsibility for making programmatic decisions.

### CONTRACTOR:

(Check as applicable).

- ☐ Provides goods or services that are ancillary to the operation of the program identified in the prime award.
- ☐ Provide the goods or services purchased with the funds within normal business operations.
- ☐ Provides similar goods or services to many different purchasers.
- ☐ Is not subject to the compliance requirement of the program as a result of the agreement with NAU it normally operates in a competitive environment.

If any of the boxes above are checked, please contact the Prime PI immediately to provide additional information on potential contractor provisions.

### ELIGIBILITY:

- Yes ☐ No ☐ Is the subrecipient presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency?
- Yes ☐ No ☐ Is the subrecipient delinquent on repayment of any federal debt including direct and guaranteed loans or other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?
- Yes ☐ No ☐ Is your PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise, excluded from or ineligible for participation in federal assistance programs or activities?
- Yes ☐ No ☐ Is your organization presently indicted for or otherwise criminally or civilly charged by a government entity?
- Yes ☐ No ☐ Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

If any questions are checked 'Yes' above, please attach an explanation or relevant documents.

### SECTION C: Subrecipient Information

To be completed by the Subrecipient prior to submission to OSP.

PI Name: \_\_\_\_\_

PI Email: \_\_\_\_\_ PI Phone Number: \_\_\_\_\_

Proposed Period of Performance: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_ Cost-Share: Yes ☐ No ☐ If yes, Cost-Share Amount: \_\_\_\_\_

Organization Legal Name: \_\_\_\_\_

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

(Include ZIP Code +4 or other postal code)

Performance Site Address: \_\_\_\_\_

(If different from above) \_\_\_\_\_

(Include ZIP Code +4 or other postal code)

#### Organization Type:

☐ University

☐ Industry/For-Profit

☐ Other Non-Profit

☐ Other:

#### If your organization is for-profit, please check any of the following that applies to your organization:

☐ Small Business

☐ Veteran-Owned Small Business

☐ Women-Owned small Business

☐ Small Disadvantage Business

☐ Service-Disabled Veteran-Owned  
Small Business

☐ HUBZone Small Business

#### Subrecipient Award Admin Contact Name

(Responsible for subaward processing): \_\_\_\_\_

Award Admin Email: \_\_\_\_\_ Award Admin Phone Number: \_\_\_\_\_

Award Admin Address: \_\_\_\_\_

#### US (Domestic) Entities

##### ORGANIZATIONAL REGISTRATION INFORMATION:

Unique Entity Identifier (UEI): \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_

CAGE (Commercial and Government Entity) Code: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Registered in SAM? Yes ☐ No ☐

Expiration Date: \_\_\_\_\_

#### Non-US (International) Entities

##### ORGANIZATIONAL REGISTRATION INFORMATION:

North American Industry Classification System (NAIS) Code: \_\_\_\_\_

Non-Commercial and Government Entity (NCAGE) Code: \_\_\_\_\_

Registered in SAM? Yes ☐ No ☐

Expiration Date: \_\_\_\_\_

Are you planning to sub-grant/contract any part of the project? Yes ☐ No ☐ Estimated Budget: \_\_\_\_\_

Sub-Grantee(s) / sub-contractor(s) legal name: \_\_\_\_\_

Please check any of the following that applies to those sub-grantees / contractors:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Small Business              | <input type="checkbox"/> Veteran-Owned Small Business                  | <input type="checkbox"/> Women-Owned Small Business |
| <input type="checkbox"/> Small Disadvantage Business | <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business | <input type="checkbox"/> HUBZone Small Business     |

#### SECTION D: Certifications

To be completed by the Subrecipient prior to submission to OSP.

##### 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.

(Attach a copy of your F&A rate agreement or provide a link.)

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

- ☐ 10% Modified Total Direct Cost (MTDC) de minimis F&A rate per 2 CFR 200.

- ☐ Other rates: \_\_\_\_\_ %

(Attach a description of the basis on which the rate has been calculated.)

\_\_\_\_\_  
\_\_\_\_\_

- ☐ My organization has used the Sponsor's published limited F&A cap.

##### 2. Fringe Benefit Rates included in this proposal have been calculated based on (check as applicable):

- ☐ Federally Negotiated Rates.

(Attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively, provide a URL link to this information.)

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

- ☐ Other rates (please explain): \_\_\_\_\_  
\_\_\_\_\_

- ☐ Not Applicable. Please explain: \_\_\_\_\_  
(i.e no Fringe Benefit Requested) \_\_\_\_\_

##### 3. Research Subject Compliance Information:

Yes ☐ No ☐ Does the work include Embryonic Stem Cells?

Yes ☐ No ☐ Will Human Subjects be involved in the subrecipient's portion of this project?

If yes:

- Provide your organization's Federal Wide Assurance #: \_\_\_\_\_
- Attach an explanation and relevant documents including (but not limited to) Institutional Review Board (IRB) or Ethics Committee approval.

If yes and NIH funding is involved:

- Attach documentation confirming all key personnel have completed "human subjects training".

Yes ☐ No ☐ **Will Animal Subjects be involved in the subrecipient's portion of this project?**

**If yes:**

- Attach an explanation and relevant documents including (but not limited to) the Institutional Animal Care and Use Committee (IACUC) approval notification.
- Please provide a PHS Animal Welfare Assurance Number (domestic institutions) or an AAALAC accreditation number (international institutions): \_\_\_\_\_

**4. Responsible Conduct of Research (RCR):**

(For NSF-funded projects only).

Yes ☐ No ☐ My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the RCR, as required under the "America COMPETES Act" Public Law 110-69-August 9, 2007.

Yes ☐ No ☐ My organization certifies that it has a Safe and Inclusive Working Environment Plan in place for any off-campus or off-site work or research.

Yes ☐ No ☐ My organization certifies that it has a training program in place and will train all undergraduates and graduate students and post-doctoral scholars in accordance with NSF's RCR.

**5. Financial Conflict of Interest (FCOI):**

- ☐ It is not applicable to this project because it is not being funded by any Sponsor that has adopted the federal financial disclosure requirements. (Skip to Question 6)
- ☐ Subrecipient has an active and enforced FCOI policy that is compliant with the prime sponsor policy. (Skip to Question 6)
- ☐ Subrecipient has a pending FCOI policy established and will adopt and implement a policy prior to execution of the subaward agreement that is compliant with the prime sponsor policy. (Skip to Question 6)
- ☐ Subrecipient does not have an active or enforced FCOI policy and agrees to adopt NAU's policy.

**If you checked the last box, and NSF is the prime sponsor,**

- Do any of your 'Investigator' personnel listed on this project, their spouse, registered domestic partner, and/or dependent children have any financial interests related to your institutional responsibilities, as listed below:
  - Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded company.
  - Receipt of income or payment for services over the past 12 months from any single business entity exceeding \$10,000.
  - Any equity interest exceeding \$10,000.
  - Any intellectual property interest assigned or to be assigned to any entity that is not a non-profit organization.

Yes ☐ No ☐

**If you checked yes and NIH or DOE is the prime sponsor:**

- Do any of your 'Investigator' personnel listed on this project, their spouse, registered domestic partner, and/or dependent children have any financial interests related to your institutional responsibilities, as listed below:
  - Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded company.
  - Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000.
  - Any equity interest(s) in a non-publicly traded entity.
  - Receipt of payments totaling more than \$5,000 for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity that is not a non-profit organization).

Yes ☐ No ☐

## 6. Lobbying:

(For U.S. federal projects only).

Yes ☐ No ☐ Subrecipient organization 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.

## 7. Audit Status / Fiscal Responsibility:

☐ My organization is a non-Federal entity that is subject to the single audit requirement.

(See: §200.501 of the Uniform Guidance)

If checked, attach any findings or exceptions noted in the most recent single audit and provide a link to the report.

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

**Subrecipient organization is not subject to the provisions of OMB Circular A-133 because the organization:**

(Check as applicable)

- ☐ Expends less than \$750,000 in federal awards annually.
- ☐ Is a for-profit entity.
- ☐ Is a non-US entity.
- ☐ Other (attach explanation).

## 8. Affirmative Action Compliance

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

**Indicate whether your organization has a written affirmative action program:**

(Check as applicable)

- ☐ Yes, we have a written affirmative action program developed and on file.
- ☐ No, we do not have a written affirmative action program.
- ☐ Not applicable, as we have less than 50 employees and/or anticipate our subaward to be less than \$50,000.

## 9. Financial Systems

**The subrecipient financial system is in accordance with generally accepted accounting principles and:**

- Yes ☐ No ☐ Has the capability to identify, in its accounts, all Federal awards, including flow-through funds, received, and expended, and the Federal programs under which they were received.
- Yes ☐ No ☐ Maintains internal controls to ensure Federal awards are being managed in compliance with applicable laws, regulations, and the provisions of contracts, grants, and subawards.
- Yes ☐ No ☐ Includes budgetary controls that preclude incurring obligations in excess of (a) total funds made available under the award and where required, (b) total funds made available for a budget cost category (e.g., Personnel, Travel, etc.).
- Yes ☐ No ☐ Can prepare appropriate invoices, financial reports and statements, including a schedule of expenditures of Federal awards (SEFA).

**10. Executive Compensation:**

(Complete only when collaborating on a federal project).

- Yes ☐ No ☐ During the previous fiscal year, my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards.
- Yes ☐ No ☐ My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986?

If yes, please enter the name of the senior executives and the associated total compensation below:

NAMES	TOTAL COMPENSATION

**SECTION E: Subrecipient Project-Specific Documentation**

To be completed by the Subrecipient prior to submission to OSP.

**The following documents are included in the subrecipient subaward proposal submission and covered by certifications in Section D:**

(Check as applicable).

- ☐ Statement of Work - Includes work to be performed, project description, PI, period of performance, reports, deliverables, and milestones.
- ☐ Detailed budget - Includes budget for the entire length of the project, broken down by budget period.
- ☐ Budget justification - includes a reasonable level of detail.
- ☐ Other supporting documents for key personnel as required by the sponsor.

*Subrecipient commitment form  
continues on page 7*

**SECTION F: Subrecipient's Authorized Official Representative (AOR) Approval**

To be completed by the Subrecipient prior to submission to OSP.

I certify that the information provided in our proposals and on this form is true and correct, and my organization will honor any commitments made in our proposals. I am the AOR of the subrecipient named herein. I understand that: a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement and without a signed 'Authorization to Proceed' letter will be at my organization's own risk, and b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

**Signature of Subrecipient's Authorized:** \_\_\_\_\_ **Official Date:** \_\_\_\_\_

**Name and Title of Authorized Official:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email to which subagreement documents should be sent:** \_\_\_\_\_

**If Subrecipient is owned or controlled by a parent entity, please provide the following information:**

**Parent Entity Legal Name:** \_\_\_\_\_

**Parent Entity Congressional District:** \_\_\_\_\_

**Parent Entity Address:** \_\_\_\_\_

*(Include ZIP Code +4 or other postal code)*

**Parent Entity UEI:** \_\_\_\_\_ **Parent Entity EIN:** \_\_\_\_\_