



## SUBRECIPIENT COMMITMENT FORM

SUBRECIPIENT INFORM	ATION:						
Subrecipient Legal Name:							
Subrecipient's Address:	City	r:	State:	Zipcode:			
Subrecipient's PI:							
Total Funds Requested:	Per	iod of Performance Begin:		End:			
PRIME RECIPIENT INFO	RMATION:						
SDSURF's PI:	SURF's PI: Prime Sponsor:						
SDSU Proposal Title:							
SECTION A: Subagreem	ent Support and Proce	ss Documents					
The following documents are requi	red to support and process the S	Subagreement:					
☐ This Subrecipient Comm	itment Form (required)	SAM.gov Active	Registration				
☐ Budget & Budget Justific	ation (required)	Statement of Financial Interests Form (attached)					
Contact Information Atta	chment (attached)	Statement of Work (required)					
Dun & Bradstreet DUNS	DUNS Number						
FFATA Attachment/Exhi	bit (attached)						
SECTION B: Special Rev	iew and Certifications						
1. Facilities and Administrativ	e rates included in this pro	posal have been calculat	ed based on:				
	a rates for this type of work, or a your F&A rate agreement must b						
10% MTDC de minimus rate as per Uniform Guidance 2 CFR Part 200.414 (f).							
Other rates (please specify the	he basis on which the rate has be	een calculated in Section E: C	comments).				
○ Not applicable (no F&A requi	ested for subrecipient).						
2. Fringe Benefit rates include	ed in this proposal have be	en calculated based on:					
	er than our federally-negotiated rayour FB rate agreement must be		a subaward wil	l be issued.)			
Based on actual rates.							
Other rates (please specify to	he basis on which the rate has b	een calculated in Section E: C	Comments).				
3. Subrecipient Business Stat	us:						
Large Business	☐ Institution of Higher Educati	ion	ned				
Small Business	Nonprofit Organization						
(If a small business, identify	business classification (*certifie	d by the Small Business Admi	inistration)				
Alaska Native Corporation	on (ANC) (43USC1601)	☐ Historically Bla	☐ Historically Black College or University				
Service-disabled veterar	n-owned business (SDVOSB)	☐ Small Disadvantaged Business (SDB)*(8a)*					
☐ Women-owned small bu	☐ HUBZone sma	all business*					
☐ Veteran-owned small business (VOSB) ☐ Minority Institution							
4. Cost Sharing:  Yes	No Amount:						

SECTION C: Regu	latory Approva	als		
1. Human Subjects: (	○ No ○Yes	Pending	IRB Number:	Expiration Date:
required and forward these de	ocuments to SDSURF	Sponsored Resea	rch Contracting and Com	reement will be issued. If not attached here, obtain approval as pliance as soon as they become available. In accordance with companion approval before any subaward will be issued.
2. Animal Subjects: (	○ No	Pending	IACUC Number:	Expiration Date:
forward these documents to S SDSU's IACUC must conduct	SDSURF Sponsored Ret t a secondary review of	esearch Contractir	ng and Compliance as so	be issued. If not attached here, obtain approval as required and on as they become available. In accordance with SDSU policy, n approval before any subaward will be issued.
3. Conflict of Interest:				
Not Applicable becarequirements.	iuse this project is no	ot being funded l	by PHS, NSF, or a spo	onsor that has adopted the federal financial disclosure
of interest policy that Section A. "Conflict disclosures have be of interest policy; an	at is consistent with the of Interest Policies." sen made related to the ad, (2) all identified co	he provision of N Collaborator als he activities that onflicts of interes	NSF's Award and Admi so certifies that, to the b t may be funded by or b st have or will have bee	n hereby certifies that it has an active and enforced conflict inistration Guide (AAG), Chapter IV, "Grantee Standards," best of the institution's knowledge: (1) all financial through a resulting agreement, and required by its conflict en satisfactorily managed, reduced or eliminated in se of any funds under any resultant agreement.
organization/instituti 42 CFR Part 50, Su best of the institution a resulting agreeme	ion hereby certifies the bpart F "Responsibilin's knowledge: (1) all ent, and required by itsed, reduced or elimin	hat it has an acti ity of Applicants I financial disclo ts conflict of inte	ive and enforced confli- for Promoting Objectiv sures have been made rest policy; and, (2) all	SAMHSA, or OGA) funding. The collaborating ict of interest policy that is consistent with the provision of vity in Research". Collaborator also certifies that, to the e related to the activities that may be funded by or through identified conflicts of interest have or will have been so conflict of interest policy prior to the expenditure of any
Collaborator does n	ot have an active an	d/or enforced co	onflict of interest policy	and hereby agrees to abide by SDSU's policy.
4. Responsible Condu	ıct of Research			
•	ause this project is no	ot beina funded	by NSF or NIH	
		•		n Institutional Plan to meet prime sponsor's requirements
for RCR	,	, <b> -</b>	,	
5. Export Control:				
Subrecipient is individually	/ responsilbe for asc	ertaining its com	npliance with federal ex	xport laws and procedures.
				ner authorized person, has reviewed the nany potential problems in Section E below.
6. Research Miscondu	ıct			
Not applicable beca	iuse this project is no	ot being funded l	by U.S. Public Health S	Service (PHS).
	tion, Subrecipient ce ri.hhs.gov/sites/defa			tted the "Assurance of Compliance by Subrecipient"
7. Debarment, Suspen	ısion, Proposed [	Debarment:		
				pended or otherwise excluded from or ineligible for Section E: Comments below.
The Organization contifies th	a ara. (answar all guast	ions bolow)		○ Yes ○ No
The Organization certifies th	•			
Are Are Not	•			or declared ineligible for award of federal contracts
○ Are Not	•			arged by a governmental entity
☐ Have ☐ Have Not	commission of fraud (federal, state, and/	d or criminal offe /or local) contrac s; or commission	ense in connection with ot or subcontract; violat n of embezzlement, the	I of or had a civil judgment rendered against them for n obtaining, attempting to obtain, or performing a public tion of federal or state antitrust statutes relating to the eft, forgery, bribery, falsification or destruction of records,
○ Have ○ Have Not	within three (3) yea	rs preceding this	s offer, had one or mor	re contracts terminated for default by any federal agency

1. Single Audit Status	:			
Does the Subrecipient r	eceive an annual audit in accor	dance with 2	CFR 200, Subpart F?	
○ Yes -				
Has the audit t	peen completed for the most red	cent fiscal ye	ar? O Yes O No, it is expecte	ed to be completed by:
○ No -				mm/dd/yy
Does the Subrec	ipient receive overall federal fur	nding of at le	ast \$750,000 per year? Yes	○No
Subrecipient is:	○ For-Profit entity that expen	ds Federal o	r Federal pass-thru funds and ha	s a DCAA audited rate
	○For-Profit entity that does n	ot expend F	ederal funds or have annual audit	S
	○ Foreign entity			
Were any audit findin	gs reported? (If "Yes", explain in	n Section E l	pelow.) C Yes C No	
A complete copy of Subre be issued. URL:	cipient's most recent report or t	he URL link i	nust be furnished to SDSU Rese	arch Foundation before a subaward will
2. Fiscal Responsibili	ty:			
The organization certifies	that its financial system is in ac	cordance wit	h generally accepted accounting	principles and:
has the capability to received	identify, in its accounts, all fed	eral awards ı	eceived and expended and the fe	ederal programs under which they are
maintains internal c of contracts or gran		ging federal	awards in compliance with applic	able laws, regulations and the provision
complies with applic	cable laws and regulations			
can prepare approp	riate financial statements, inclu	ding the sche	edule of expenditures of federal a	wards
there are no outstar that describes the fi	nding audit findings which would ndings and steps to be taken to	l impact cont correct the f	ract costs. If there are findings, s inding(s).	ubmit a copy of the most recent report
	·	·		
	APPRO\	ALS FOR	SUBRECIPIENT	
gov/bfa/dias/policy/gc1/po Subrecipient named herei	olicymatriz_dec14.pdf) have been n. The appropriate programmat	n read, signe ic and admin	ed, and made by an authorized in istrative personnel involved in thi	y Requirements Matrix (http://www.nsf. stitutional representative of the s application are aware of agency nts consistent with those policies.
Any work begun ar	nd/or expenses incurred prior	to executio	n of a subaward agreement are	e at the Subrecipient's own risk.
Authorized Institutional I	Representative Signature	Date	Phone	Fax
Name and Title of Autho	rized Institutional Representat	ive	Email Address	
Address, City, State, Zip			Subrecipient's EIN	Subrecipient's DUNS Number

**SECTION D: Audit Status**