

SUBRECIPIENT COMMITMENT FORM

SUBRECIPIENT INFORMATION:

Subrecipient Legal Name:			
Subrecipient's Address:	City:	State:	Zip code:
Subrecipient's PI:			
Total Funds Requested:	Period of Performance Begin: End:		End:
PRIME RECIPIENT INFORMATION:			
SDSURF's PI:	Prime Sponsor:		
SDSU Proposal Title:			
SECTION A: Subagreement Support and Process Docume	ents		
The following documents are required to support and process the Su	ubagreement:		
This Subrecipient Commitment Form (required)	SAM.gov Active Rec	gistration	
Budget & Budget Justification (required)	Statement of Finance	ial Interests Form ((attached)
Contact Information Attachment (attached)	Statement of Work (required)	
SAM Unique Entity ID Number	Vendor Information	Form (attached)	
FFATA Attachment/Exhibit (attached)	W8-BEN-E (attache	d)	

SECTION B: Special Review and 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 is selected, a copy of your F&A rate agreement must be furnished to SDSURF before a subaward will be issued.*)

10% MTDC de minimus rate as per Uniform Guidance 2 CFR Part 200.414 (f).

Other rates (please specify the basis on which the rate has been calculated in Section E: Comments).

Not applicable (no F&A requested for subrecipient).

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 is selected, a copy of your FB rate agreement must be furnished to SDSURF before a subaward will be issued).

Based on actual rates.

Other rates (please specify the basis on which the rate has been calculated in Section E: Comments).

3. Subrecipient Business Status:

Large Business	Institution of Higher Educati	on	Foreign Owned	
Small Business	Nonprofit Organization			
(If a small business, identify business classification (*certified by the Small Business Administration)				
Alaska Native Corporation (ANC) (43	Historically Black College or University			
Service-disabled veteran-owned business (SDVOSB)		Small Disadvantaged Business (SBD)*(8a)*		
Women-owned small business (WOS	SB)	HUBZone small business*		

Veteran-owned small business (VOSB)

Minority Institution

4.	Cost Sharing:	Yes	No		Amount:			
SECTION C: Regulatory Approvals								
1.	Human Subjects:	No	Yes	Pending	IRB Number:	Expiration Date:		
lf "	If "Yes." copies of the IRB approval/exemption notification must be provided before any subagreement will be issued. If not attached here, obtain approval							

If "Yes," copies of the IRB approval/exemption notification must be provided before any subagreement will be issued. If not attached here, obtain approval as required and forward these documents to SDSURF Sponsored Research Contracting and Compliance as soon as they become available. In accordance with SDSU policy, SDSU's IRB must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

2. Animal Subjects: No Yes Pending IACUC Number:

Expiration Date:

If "Yes," copies of the IACUC approval notification must be provided before any subaward will be issued. If not attached here, obtain approval as required and forward these documents to SDSURF Sponsored Research Contracting and Compliance as soon as they become available. In accordance with SDSU policy, SDSU's IACUC must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

3. Conflict of Interest:

Not Applicable because this project is not being funded by PHS, NSF, or a sponsor that has adopted the federal financial disclosure requirements.

National Science Foundation funding. The collaborating organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of NSF's Award and Administration Guide (AAG), Chapter IV, "Grantee Standards," Section A. "Conflict of Interest Policies." Collaborator also certifies that, to the best of the institution's 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 Collaborator's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Public Health Service (including AHRQ, ATSDR, CDC, FDA, HRSA, HIS, NIH, SAMHSA, or OGA) funding. The collaborating organization/institution hereby 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". Collaborator also certifies that, to the best of the institution's 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 Collaborator's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Collaborator does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by SDSU's policy.

4. Responsible Conduct of Research

Not applicable because this project is not being funded by NSF or NIH

By selecting this option, Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet prime sponsor's requirements for RCR

5. Export Control:

Subrecipient is individually responsible for ascertaining its compliance with federal export laws and procedures.

By checking this box, Subrecipient certifies that an export control officer, or other authorized person, has reviewed the Subrecipient's proposal for compliance with federal export control laws. Explain any potential problems in Section E below

6. Research Misconduct

Not applicable because this project is not being funded by U.S. Public Health Service (PHS)

By selecting this option, Subrecipient certifies that it has completed and submitted the "Assurance of Compliance by Subrecipient" available at: http://ori.hhs.gov/sites/default/files/PHS-6315.pdf

7. Debarment, Suspension, Proposed Debarment:

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? If "Yes" please explain in Section E: Comments below. Yes No

The Organization certifies there: (answer all questions below)

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 governmental 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, and/or local) contract or 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

SECTION D: Audit Status

1. Single Audit Status:

Does Subrecipient receive an annual audit in accordance with 2 CFR 200, Subpart F?

Yes -

Has the audit been completed for the most recent fiscal year? Yes No, it is expected to be completed by:

No –

Does the Subrecipient receive overall federal funding of at least \$750,000 per year? Yes No

Subrecipient is: For-Profit entity that expends Federal or Federal pass-thru funds and has a DCAA audited rate

mm/dd/yy

For-Profit entity that does not expend Federal funds or have annual audits

Foreign entity

Were any audit findings reported? (If "Yes", explain in Section E below.) Yes No

A complete copy of Subrecipient's most recent report or the URL link must be furnished to SDSU Research Foundation before a subaward will be issued.

URL:

2. Fiscal Responsibility:

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they are received

maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations and the provisions of contracts or grants

complies with applicable laws and regulations

can prepare appropriate financial statements, including 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 findings and steps to be taken to correct the finding(s)

SECTION E: Comments: (please attach additional pages if necessary)

APPROVALS FOR SUBRECIPIENT

The information, certifications, and representations above, as well as those shown in the National Policy Requirements Matrix (<u>https://www.nsf.gov/bfa/dias/policy/gc1/policymatrix_dec14.pdf</u>) have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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.

Authorized	Institutional	Re	presentative	Signature
Authonizeu	institutional	LG.	presentative	Signature

Date

Email Address

Phone

Name and Title of Authorized Institutional Representative

Subrecipient's EIN

Subrecipient's SAM.gov UEI No.:

Address, City, State, Zip