



SUBRECIPIENT COMMITMENT FORM

Subrecipient Legal Name: Chabot-Las Positas Community College District - Chabot College
 Subrecipient PI Name: Timothy Dave
 Address: 5020 Franklin Drive City: Pleasanton State: CA
 Address where research will be performed: 25555 Hesperian Boulevard City: Hayward State: CA
 Proposal Title: Chabot-Stanford Solar Dynamic Observatory (SDO) Lab Exercise Project
 Performance Period Begin Date: January 17, 2012 End Date: December 20, 2012
 Stanford's PI Name: Romeo Durscher
 Prime Sponsor: NASA

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)
 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 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)

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. **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:

- Small disadvantaged business as certified by the Small Business Administration
 Women-owned small business concern
 Veteran-owned small business concern
 Service-disabled veteran-owned small business concern
 HUBZone small business concern

4. **Cost Sharing** Yes No **Amount:** _____

Cost sharing amounts and justification should be included in the subrecipient's budget

5. **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 Stanford's PI and Stanford's Office of Sponsored Research as soon as they become available. In accordance with Stanford policy, Stanford'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

6. **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 Stanford's PI and Stanford's Office of Sponsored Research as soon as it becomes available. In accordance with Stanford policy, Stanford's IACUC must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.



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7. Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

- Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements
- Subrecipient Organization/Institution 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." Subrecipient also certifies that, to the best of 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 subrecipient's conflict of interest policy prior to the expenditures 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 Stanford's policy, located online at <http://www.stanford.edu/dept/DoR/rph/4-4.html>.

8. Debarment and Suspension

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)

The Subrecipient certifies they: (answer all questions below)

- are 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 government 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 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
- have have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

SECTION C - Audit Status

9. Audit Status

- Subrecipient receives an annual audit in accordance with OMB Circular A-133.
Most recent fiscal year completed: FY2011
Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) Yes No

Please attach a complete copy of your most recent A-133 audit report or provide the URL link to a complete copy.

Chabot-Las Positas Community College District Annual Audit Report
<http://www.clpccd.org/business/BusinessServicesAudit.php>

- Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.
Subrecipient is a:
 - Non-profit entity (under federal funding threshold)
 - Foreign entity
 - For profit entity
 - Government entity

Please complete an Audit Certification and Financial Status Questionnaire (OSR Form # 47). A limited scope audit may be required before a subaward will be issued.



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SECTION D - Comments

The Chabot-Las Positas Community College District does not have a federally-negotiated indirect cost rate and therefore, does not charge indirect costs to federally sponsored projects. In addition, this project does not charge fringe benefits. If it were to charge fringe benefits, charges would be in accordance to actual fringe benefits rates currently paid to personnel.

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.**

Signature of Subrecipient's Authorized Official	Chabot-Las Positas Community College District Legal Name of Subrecipient's Organization/Institution
Lorenzo Legaspi, Vice Chancellor of Business Services Name and Title of Authorized Official	5020 Franklin Drive Address
llegaspi@clpccd.org Email	Pleasanton, CA 94588 City, State, Zip
(925) 485-5203 Phone	94-1670563 Federal Employer Identification Number (EIN)
Date	071680961 DUNS or DUNS+4 number
	CA-13, CA-09 Subrecipient's Congressional District

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

If "Yes", please provide the following:

Parent Entity Legal Name: _____

Parent Entity Address, City, State, Zip: _____

Parent Entity Congressional District: _____

Parent Entity DUNS: _____

Parent Entity EIN: _____