

**SUBRECIPIENT COMMITMENT FORM**

**SECTION A: Prime Recipient Proposal Information**

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_ Prime Award No: \_\_\_\_\_

Project Title: \_\_\_\_\_

Period of Performance: From: \_\_\_\_\_ To: \_\_\_\_\_

Proposed Period of Performance of Subrecipient (if different): From: \_\_\_\_\_ To: \_\_\_\_\_

**SECTION B: Subrecipient Eligibility**

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with CSUEB must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and CSUEB. This form will be considered valid for the duration of the project from the date of signature by your organization's Authorized Official.

Please answer the following questions **BEFORE** completing the rest of the form.

Yes      No      Is your organization, Principal Investigator, or any other employee presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal assistance programs or activities?

Yes      No      Has your agency or any personnel 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 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.

If you answered **YES** to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the CSUEB Principal Investigator as soon as possible.

**SECTION C: Subrecipient Information**

Subrecipient Legal Name: \_\_\_\_\_ Tax ID/FEIN No: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

**SECTION C: Subrecipient Information (continued)**

Name of Suprecipient's Project Director/PI: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Funding Requested by Subrecipient (entire project period): \_\_\_\_\_

Amount of Cost Sharing Provided by Subrecipient (if applicable): \_\_\_\_\_

**SECTION D: Proposal Documents**

The following documents are included in our subaward proposal submission and covered by the certifications below:

**Statement of Work (required)**

**Budget and Budget Justification (required)**

**This Subrecipient Commitment Form completed and signed by Subrecipient's Authorized Official (required)**

A-133 Audit Certification (if applicable)

Indirect Cost Rate Agreement (if applicable)

Biosketches of Key Personnel, in agency-required format (if required by agency)

Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format  
(required for proposals over \$550,000)

Other \_\_\_\_\_

**SECTION E: 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 to CSUEB)
  - Other rates (please attach a description of the basis on which the rate has been calculated)
  - Not applicable – Subrecipient is not requesting payment of F&A costs.
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, please attach a copy of your fringe benefit rate agreement)
  - Based on actual rates.
  - Other rates (please specify the basis on which the rate has been calculated)
3. **Affirmative Action Compliance:**

Indicate in accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2) that your organization has:

  - A written affirmative action program has been developed and is on file
  - A written affirmative action program has not been developed and is not on file
  - Have not previously had contracts subject to the written affirmative action programs

**SECTION E: Certifications (continued)**

**4. Human Subjects Compliance (IRB):**

Yes No Human Subjects will be involved in the Subrecipient's portion of this project.

Exemption Number or IRB Approval Date: \_\_\_\_\_ IRB Number: \_\_\_\_\_

If answer to the above is **YES**, copies of the determination of exemption or IRB approval must be provided before a subaward will be issued.

If **YES** and **NIH** funding is involved:

Have all key personnel involved completed human subjects training? Yes No

(Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subject research training: [http://grants.nih.gov/grants/policy/hs\\_educ\\_faq.htm](http://grants.nih.gov/grants/policy/hs_educ_faq.htm))

Does your organization have a Federalwide Assurance (FWA) Number? Yes No

If **YES**, FWA number: \_\_\_\_\_

**5. Animal Subjects Compliance (IACUC):**

Yes No Animal Subjects will be involved in Subrecipient's portion of this project

Approval Date: \_\_\_\_\_ IACUC Number: \_\_\_\_\_

If answer to the above is **YES**, copies of the IACUC approval must be provided before a subaward will be issued.

Does your organization have a PHS Animal Welfare Assurance Number? Yes No

If **YES**, AWA Number: \_\_\_\_\_

Is your organization AAALAC accredited? Yes No If **YES**, AAALAC Number: \_\_\_\_\_

**6. Conflict of Interest:**

As of August 24,2012, the Public Health Service (PHS) FCOI policy is separate and distinct from that of the National Science Foundation (NSF).

Not applicable as this project is not funded by NSF, PHS, or other sponsors requiring federal financial disclosure.

NSF (or other sponsors that have adopted the NSF 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 expenditure of any funds under any resultant agreement.

PHS (or other sponsors that have adopted the PHS financial disclosure requirements):

- My organization does have, (1) a PHS-compliant Financial Conflict of Interest (FCOI) policy; and, (2) my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulations.

Subrecipient does not have an active and/or enforced COI and/or FCOI policy and hereby agrees to abide by CSUEB's policy.

**SECTION E: Certifications (continued)**

**7. Responsible Conduct of Research (if applicable):**

The prime sponsor of this project is:

**National Science Foundation**

- **Statutory Requirement:** The Director shall require that each institution that applies for financial assistance from the Foundation for science and engineering research or education describe in its grant proposal a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduate students, graduate students, and postdoctoral researchers participating in the proposed research project.
- **Certification Regarding Responsible Conduct of Research (RCR):** The AOR is required to complete a certification that the institution has a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. Additional information on NSF's Responsible Conduct of Research (RCR) policy is available in the Award and Administration Guide (AAG), Chapter IV.B.
- **Institutional Responsibilities:**
  - A. An institution must have a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. As noted in NSF Grant Proposal Guide (GPG) Chapter II.C.1e, institutional certification to this effect is required for each proposal.
  - B. While training plans are not required to be included in proposals submitted to NSF, institutions are advised that they are subject to review, upon request.
  - C. Institutions are responsible for verifying that undergraduate students, graduate students, and postdoctoral researchers supported by NSF to conduct research have received training in the responsible and ethical conduct of research.

**National Institutes of Health**

- **Policy:** NIH requires that all trainees, fellows, participants, and scholars receiving support through any NIH training, career development award (individual or institutional), research education grant, and dissertation research grant must receive instruction in responsible conduct of research. This policy will take effect with all new and renewal applications submitted on or after January 25, 2010, and for all continuation (Type 5) applications with deadlines on or after January 1, 2011. This Notice applies to the following programs: D43, D71, F05, F30, F31, F32, F33, F34, F37, F38, K01, K02, K05, K07, K08, K12, K18, K22, K23, K24, K25, K26, K30, K99/R00, KL1, KL2, R25, R36, T15, T32, T34, T35, T36, T37, T90/R90, TL1, TU2, and U2R. This policy also applies to any other NIH-funded programs supporting research training, career development, or research education that require instruction in responsible conduct of research.
- **Compliance:** NIH policy requires participation in and successful completion of instruction in responsible conduct of research by individuals supported by any NIH training/research education/fellowship/career award. It is expected that course attendance is monitored and that a certificate or documentation of participation is available upon course completion. NIH does not require certification of compliance or submission of documentation, but expects institutions to maintain records sufficient to demonstrate that NIH-supported trainees, fellows, and scholars have received the required instruction.
- **Resources:** The NIH Research Training website (<http://grants.nih.gov/training/extramural.htm>) includes additional information on instruction in responsible conduct of research and links to the Office of Research Integrity (<http://ori.hhs.gov/>), links to instructional materials, and examples of programs that have been regarded as good models for instruction in responsible conduct of research (<http://bioethics.od.nih.gov/researchethics.html>).

**SECTION E: Certifications (continued)**

**8. Cost Sharing:**

Yes No Amount: \_\_\_\_\_  
 Yes No Mandatory?

(Note: Cost sharing amounts and details should be included in the Subrecipient’s budget.)

**9. Fiscal Responsibility:**

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and is in conjunction with the below (check all that applies):

- 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 provision of contracts and grants.
- Complies with applicable laws and regulations.
- Can prepare appropriate financial statements, including the schedule of expenditures of Federal awards.

**10. Additional Debarment, Suspension, and Proposed Debarment:**

- Yes No Is the 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 of activities? (If **YES**, attach explanation)
- Yes No Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If **YES**, attach explanation)
- Yes No Has the organization within (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? (If **YES**, attach explanation)

**11. Subrecipient Business Status:**

Large Business	Institution of Higher Education	Foreign Owned
Small Business	Nonprofit Organization	For-Profit Organization
Other: _____		

**12. For-Profit Organizations (only):**

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	Women-Owned Small Business
Vetern-Owned Small Business	Service-Disabled Veteran-Owned Business
HUBZone Small Buiness	Minority Serving Institution
Other: _____	

**SECTION F: Audit Status**

1. **A-133 Audit Status:**

Yes No Does your organization receive an annual audit in accordance with OMB Circular A-133?

If **NO**, please indicate why your organization is not subject to A-133 audit requirements:

Organization received less than \$500,000 in federal funds per year.

Organization is a for-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate

Organization is a for-profit entity that does not expend Federal funds or have annual audits

Organization is a foreign entity.

Please Note: If Subrecipient has not received an A-133 Audit, CSUEB will require the Subrecipient to complete an OMB Letter of Audit Certification prior to the establishment of a subaward.

If **YES**, please respond to the following:

Yes No Has your organization's A-133 audit been completed for the most recent fiscal year?  
(if you responded **YES** to this question, please provide a copy for us)

If **NO**, when is it expected to be completed (mm/dd/yy): \_\_\_\_\_

Yes No Were there any findings reported? If **YES**, please attach an explanation.

2. **Federal Funding Accountability and Transparency Act (FFATA):**

DUNS Number of Subrecipient: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Location of Subrecipient (City/State/County): \_\_\_\_\_

Note: If place of performance is different than location stated, provide location where project will be performed.

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

If **YES**, provide DUNS Number, Location, and Congressional District of parent entity.

Yes No Is Subrecipient currently registered in System for Award Management ([www.sam.gov](http://www.sam.gov))?

**SECTION G: Comments (or please attach additional pages)**

**SECTION H: Authorized Representative Approval**

**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 policies regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

By their signatures below, Subrecipient and its Principal Investigator certify (1) that the information submitted within the application is true, complete and accurate to the best of the Subrecipient's and PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Institution and PI to criminal, civil, and/or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the prime recipient's application.

**Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk. No work involving human subjects and/or animals may begin until the Subrecipient has obtained registered IRB and/or IACUC review and approval.**

SUBRECIPIENT	PRIME RECIPIENT
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Name and Title of Subrecipient's Authorized Official</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Signature of Subrecipient's Authorized Official</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Date</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Name and Title of Prime Recipient's Authorized Official</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Signature of Prime Recipient's Authorized Official</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Date</p>

Mailing Address	ORSP Internal Use Only
<p><b>Please e-mail or fax document(s) to:</b>            E-mail: <a href="mailto:contracts_orsp@csueastbay.edu">contracts_orsp@csueastbay.edu</a>            Fax: (510) 885-4618</p> <p><b>Or mail document(s) to the below address:</b>            Office of Research &amp; Sponsored Programs            California State University, East Bay            25800 Carlos Bee Blvd., LI 2300            Hayward, CA 94542</p>	<p>Proposal Deadline: _____</p> <p>ORSP No: _____</p> <p>Award No: _____</p>

**Attachment 3B**

**Research Subaward Agreement  
Subrecipient Contacts**

Subaward Number:

**Subrecipient Information for [FFATA](#) reporting**

Entity's DUNS Name:

EIN No.:

Institution Type:

DUNS:

Currently registered in SAM.gov:      Yes      No

Parent DUNS:

Exempt from reporting executive compensation:      Yes      No *(if no, complete 3Bpg2)*

*This section for U.S. Entities:*      Zip Code [Look-up](#)  
Congressional District:      Zip Code+4:

**Place of Performance Address**

**Subrecipient Contacts**

Central Email:

Website:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

Financial Contact Name:

Email:

Telephone Number:

Invoice Email:

Authorized Official Name:

Email:

Telephone Number:

**Legal Address:**

**Administrative Address:**

**Payment Address:**



**Attachment 3B Page 2**  
**Research Subaward Agreement**  
**Highest Compensated Officers**

Subaward Number:

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**Subrecipient**

Entity Name:

PI Name:

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**Highest Compensated Officers**

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

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Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

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