

**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). This is the individual who has the authority to legally bind your organization in grants administration matters. Guidance on how to complete this form is found at [https://spo.berkeley.edu/forms/subaward/subrecipient\\_instructions.html](https://spo.berkeley.edu/forms/subaward/subrecipient_instructions.html).

Do not use this form if your institution is an FDP Expanded Clearinghouse participant. See the guidance and alternate form at [https://spo.berkeley.edu/forms/subaward/subrecipient\\_instructions.html](https://spo.berkeley.edu/forms/subaward/subrecipient_instructions.html).

**SECTION A: UCB Proposal Information – To be completed by the UCB PI (or delegate) prior to submission to SPO.**

Name of UC Berkeley PI: Patina Mendez Phoebe Proposal #: 32706  
 Title of Proposal: Social Tools for Bio: Communities of Practice  
 Name of Subrecipient: Las Positas College  
 Program Announcement/RFP URL: OPR Scaling Success RFP: https://calearninglab.org/grant/scaling-su  
 Proposed Subrecipient Period of Performance: From: 07/01/2022 To: 06/30/2022

**SECTION B: Subrecipient Eligibility – To be completed by the Subrecipient prior to submission to SPO.**

1.  Yes  No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, “Managing Federal Credit Programs”?
2.  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?
3.  Yes  No Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
4.  Yes  No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

Attach an explanation for any “Yes” answer to questions 1-4 above. ☆

**SECTION C: Subrecipient Information – To be completed by the Subrecipient prior to submission to SPO.**

Legal Name: <u>Chabot- Las Positas Community College District</u>		
Subrecipient Organization Type: <input type="checkbox"/> University <input type="checkbox"/> Other Non-profit <input type="checkbox"/> Industry/For-profit <input checked="" type="checkbox"/> Other <u>College</u>		
Name of Subrecipient’s Project Director/PI (Required): <u>Michal Shuldman</u>		Phone: <u>718-614-4727 (cell)</u> Email: <u>mshuldman@laspositascolle</u>
Amount of Funding Requested: <u>85,000</u>	Amount of Cost-Sharing Committed: <u>0</u>	NA:
Organization’s Address: Include ZIP Code +4 or other postal code: <u>Chabot-Las Positas Community College District</u> <u>7600 Dublin Blvd</u> <u>3rd Floor</u> <u>Dublin, CA 94568</u>		Unique Entity Identifier (UEI): <u>K6UGAJGNZHA8</u> (DUNS may be used if UEI is not available.) Congressional District (if in U.S.): <u>15th</u>
Performance Site’s Address (if different from above): Include ZIP Code +4 or other postal code: <u>Las Positas College</u> <u>3000 Campus Hill Drive.</u> <u>Livermore, CA 94551</u>		Performance Site’s Congressional District (if different from above and in U.S.): _____
Domestic Organizations: Federal Employer Identification Number (EIN): <u>94-1670563</u> Registered in SAM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u>09/22/22</u> CAGE Code: <u>4WSM0</u> (Commercial and Government Entity)		International Organizations: NAIS Code: _____ (North American Industry Classification System) Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u> / /</u> (NCAGE) Code: _____

**SUBRECIPIENT COMMITMENT FORM****SECTION D: Certifications – To be completed by the Subrecipient prior to submission to SPO.****1. Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

- 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: See attached
- 10% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only; See form instructions.)
- Other rates (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 (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: http://districtazure.clpccd.org/benefits/open-enrollment.php
- Other rates (please attach a description of the basis on which the rates have been calculated) ☆

**3. Research Subject Compliance Information** (check as applicable):

- 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 #: \_\_\_\_\_
- Yes  No Will Animal Subjects be involved in subrecipient's portion of this project?  
If yes, 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 Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.
- Yes  No My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

**5. Conflict of Interest:** (Please respond to each of the following federal agency requirements separately.)**NSF, another sponsor that has adopted NSF's COI policy, or other federal sponsors with financial disclosure requirements** (check as applicable):

- Subrecipient certifies that it **does have** an active and enforced conflict of interest policy that is consistent with the *National Science Foundation Investigator Disclosure Policy*. Subrecipient also certifies that, to the best of its knowledge, all financial disclosures related to the activities that may be funded by or through a resulting agreement were made in accordance with its conflict of interest policy before its proposal was submitted to University of California, Berkeley.
- Subrecipient certifies that it **does not currently have** an active and enforced conflict of interest policy consistent with the provisions of the National Science Foundation Investigator Disclosure Policy, and understands that a subaward cannot be issued to the Subrecipient until such a policy is in place. Note: **If checked, Subrecipient must respond to the following:**
- Yes  No Did any of the Subrecipient's personnel involved in this proposed project who meet the federal definition of an "Investigator" answer "Yes" to the following question? (*link is to sub. form instructions*)

Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- 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

**SUBRECIPIENT COMMITMENT FORM****5. Conflict of Interest (continued):**

**PHS and all other sponsors that have adopted the PHS financial disclosure requirements** (check as applicable):

- Subrecipient certifies that it **does have** a PHS-compliant Financial Conflict of Interest (FCOI) policy and is registered as an organization with a PHS-compliant FCOI policy with the FDP FCOI Clearinghouse. Subrecipient certifies that it will rely on this policy to comply with PHS Conflict of Interest regulations, and that, to the best of its knowledge, all financial disclosures required by its conflict of interest policy and related to the activities that may be funded by or through a resulting agreement were made before its proposal was submitted to University of California, Berkeley.
- Subrecipient certifies that it **does not currently have** a PHS-compliant Financial Conflict of Interest (FCOI) policy and understands that a subaward cannot be issued to the Subrecipient until such a policy is in place. Note: **If checked, Subrecipient must respond to the following:**

Yes  No Did any personnel that meet the definition of an Investigator answer "Yes" to the following question?

Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000
- 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)

**6. Lobbying (for U.S. federal projects only):**

Yes  No My 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. (If "No," attach explanation.) ☆

**7. Audit Status / Fiscal Responsibility:**

Yes  No My organization is a non-Federal entity that is subject to the single audit requirement. See: §200.501 of the Uniform Guidance.

If you answered "Yes" please attach an explanation of any findings or exceptions noted in your organization's most recent single audit and provide the following information:

- Audit is available on the Federal Audit Clearinghouse.
- Audit report is available on this URL: <http://www.clpccd.org/business/BusinessServicesAudit.php>

If you answered "No" please indicate the reason/s the single audit requirement does not apply:

- My organization did not expend \$750,000 in federal funds during our last fiscal year.
- My organization is a for-profit organization.
- Under NIH awards foreign subrecipients are not subject to this requirement.
- Other (attach an explanation). ☆

Organizations not subject to the single audit requirement will be required to complete a Mini-Audit Questionnaire and may require a limited scope audit before a subaward can be issued.


**8. Working Capital Advance Required:**

Yes  No Will your organization require a working capital advance?

**SUBRECIPIENT COMMITMENT FORM**

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

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized official representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. 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 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: <u>6/6/2022</u> Name and Title of Authorized Official: <u>Anette Raichbart, VP Adminstrative Services</u> Email: <u>araichbart@laspositascollege.edu</u> Phone: <u>925-424-1630</u> Fax: _____ Email to which subagreement documents should be sent: <u>araichbart@laspositascollege.edu</u>	If Subrecipient is owned or controlled by a parent entity, please provide the following information: Parent Entity Legal Name: <u>Chabot Las Positas Community College District</u> Parent Entity Address, City, State, ZIP+4: <u>7600 Dublin Blvd</u> <u>3rd Floor</u> <u>Dublin, CA 94568</u> Parent Entity Congressional District: <u>15th</u> Parent Entity DUNS: _____ Parent Entity EIN: <u>94-167-563</u>
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PLEASE REMEMBER TO INCLUDE ALL REQUIRED ATTACHMENTS. ☆

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 94-1670563

DATE:09/03/2020

ORGANIZATION:

FILING REF.: The preceding agreement was dated 03/10/2016

Chabot-Las Positas Community College District

7600 Dublin Blvd., 3rd Floor

Dublin, CA 94568

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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**SECTION I: Facilities And Administrative Cost Rates**

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RATE TYPES:    FIXED                      FINAL                      PROV. (PROVISIONAL)                      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2019	06/30/2023	47.00	On-Campus	All Programs
PRED.	07/01/2019	06/30/2023	25.00	Off-Campus	All Programs
PROV.	07/01/2023	Until Amended	47.00	On-Campus	All Programs
PROV.	07/01/2023	Until Amended	25.00	Off-Campus	All Programs

\*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

ORGANIZATION: Chabot-Las Positas Community College District  
AGREEMENT DATE: 9/3/2020

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s) the off-campus rate will apply. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property (including information technology systems) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are treated as direct costs:

SOCIAL SECURITY AND MEDICARE, WORKER'S COMPENSATION, LONG-TERM DISABILITY, LIFE, AND UNEMPLOYMENT INSURANCE, MEDICAL, DENTAL, AND VISION CARE INSURANCE, AND RETIREMENT PLANS

NEXT PROPOSAL DUE DATE

A proposal based on actual costs for fiscal year ending 06/30/22 will be due no later than 12/31/22.

ORGANIZATION: Chabot-Las Positas Community College District

AGREEMENT DATE: 9/3/2020

**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

Chabot-Las Positas Community College District

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim - S  
Digitally signed by Arif M. Karim - S  
Date: 2020.09.08 12:24:45 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

9/3/2020

(DATE) 2035

HHS REPRESENTATIVE:

Jeanette Lu

Telephone:

(415) 437-7820



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

90 7<sup>th</sup> Street, Suite 4-600  
San Francisco, CA 94103-6705  
PHONE: (415) 437-7820  
EMAIL: [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov)

September 3, 2020

Douglas Roberts  
Vice Chancellor, Business Services  
Chabot Las Positas Community College District  
7600 Dublin Blvd., 3<sup>rd</sup> Floor  
Dublin, CA 94568

Dear Mr. Roberts:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be returned to me by email while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/22, is due in our office by 12/31/22. Please submit your next proposal electronically via email to [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov).

Sincerely,

Arif M. Karim -S Digitally signed by Arif M. Karim -S  
Date: 2020.09.08 12:25:36 -0500

Arif Karim, Director  
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL



Michal Shuldman	Salary	Benefits	% Effort	Salary	Benefits	Total	
FY23	\$ 113,059.00	\$ 72,126.00	11%	\$ 12,436.00	\$ 7,934.00	\$ 20,370.00	
FY24	\$ 116,294.00	\$ 82,223.64	11%	\$ 12,792.00	\$ 9,045.00	\$ 21,837.00	
Faculty (TBD)							
FY23	\$ 91,360.00	\$ 68,145.00	11%	\$ 10,050.00	\$ 7,496.00	\$ 17,546.00	
FY24	\$ 94,596.00	\$ 77,685.30	11%	\$ 10,406.00	\$ 8,545.00	\$ 18,951.00	
				\$ 45,684.00	\$ 33,020.00	\$ 78,704.00	Direct Costs
						\$ 6,296.00	Indirect Costs
						\$ 85,000.00	Subaward Total

