

SUBRECIPIENT COMMITMENT FORM

Complete this form when submitting a proposal to HPU. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized institutional representative to sign. Complete and accurate information facilitates quicker processing of a subaward.

SECTION A – CORE INFORMATION

HPU PI Name: _____

Project Title: _____

Prime Sponsor: _____ Project Period: Start Date: _____ End Date: _____

Subrecipient Legal Name: _____

Address: _____

City: _____ State: _____ Zip + 4 _____

Subrecipient PI Name: _____

Performance Site Address (if different from above):
Address: _____

City: _____ State: _____ Zip + 4 _____

Subrecipient Period of Performance: Start Date: _____ End Date: _____

Subrecipient Total Funds Requested: _____

EIN Number: _____ Institution Type: _____

Unique Entity ID: _____ Registered in SAM: Yes No

CAGE Code: _____ SAM Expiration Date: _____

Congressional District: _____ Performance Site Congressional district if different: _____

SECTION B – 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 (if required by agency)
- Other:

SECTION C – 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. *(A copy of your F&A rate agreement or URL link to the agreement must be furnished to HPU with this form)*

URL link for F&A agreement: _____

- Other rates please specify _____

- Not applicable *(No F&A cost request 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. *(A copy of your fringe benefit rate agreement or URL link to the agreement must be furnished to HPU with this form)*

URL link for Fringe Benefits agreement: _____

- Other rates please specify _____

- Not applicable *(No fringe benefit request for Subrecipient)*

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
 Other: _____

4. Cost Sharing Yes if Yes, \$ _____ No

If **Yes**, cost sharing, matching and/or in-kind amounts and justification *must* be included in the Subrecipient's budget. Any offered cost share is considered a binding fiscal obligation and must be documented accordingly. HPU reserves the right to withhold payment in the event cost share commitment is not met.

5. Human Subjects Yes No

If **Yes**, copies of the following documentation must be provided before any subaward can be issued:

- 1) IRB approval certification
- 2) IRB approved project protocol
- 3) Approved "Informed Consent" form
- 4) Verification of IRB training
- 5) Verification of FWA number and Expiration date

Please forward these documents to HPU as soon as they become available.

If **Yes**, and NIH funding is involved:

- Have all key personnel completed Human Subjects Training at the subrecipient's institution?
 Yes No
- Please attach a list of key personnel who are on this project on a separate sheet.

6. Animal Subjects Yes No

If **Yes**, a copy of the IACUC approval must be provided before any subaward will be issued. *Please forward these documents to HPU as soon as they become available.*

If **Yes**, and NIH funding is involved:

Please provide your institution's: PHS Assurance No.: _____ Expiration Date: _____
If you do not have one on file, you will need to apply for one and provide it to us before any subaward will be issued.

7. Responsible Conduct of Research:

- Yes** **No** Subrecipient certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with prime awarding agency's RCR requirements.

8. Conflict of Interest:

- Subrecipient 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Subrecipient's knowledge, (1) all financial disclosures will be 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 and within a timely manner sufficient to enable timely FCOI reporting.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt HPU's policy.
- Not applicable because this project is not being funded by a PHS funded agency, or other agency that has adopted PHS FCOI regulations.

9. Lobbying (for U.S. federal projects only):

- Yes** **No** Subrecipient 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.)*

10. Debarment and Suspension

The Subrecipient certifies the entity, PI or any other employee or student participating in this project: *(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

11. **Malign Talent Recruitment Program** (Check box if applicable) In accordance with Section 10632 of the CHIPS and Science Act of 2022 (42 U.S.C.19232), I certify that all senior/key personnel associated with this subaward are not a party to a malign foreign talent recruitment program.

SECTION D – AUDIT STATUS

Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133 or Uniform Guidance 2 CFR 200 Subpart F, as applicable? Yes No

If Yes,

- a) Most recent fiscal year completed: FY _____
- b) Were any audit findings reported? (if Yes, explain in Section E, Comments below) Yes No
- c) Please attach a complete copy of your most recent audit report or provide the URL link to a complete copy. _____

If No, Subrecipient is a:

- Non-profit entity (under Federal funding threshold)
- Foreign entity
- For-profit entity
- U.S. Government entity

If a subrecipient does not have an A-133/Uniform Guidance audit and the total current annual federal assistance received < \$750,000, HPU may require subrecipient to complete a financial status questionnaire or/and a limited scope audit before a subaward will be issued. If > \$750,000 Federal assistance received, an audit report or 2 current years of financial statements should be submitted.

SECTION E – COMMENTS (Use additional pages if necessary)

SECTION F – AUTHORIZED OFFICIAL APPROVAL**APPROVED BY 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 sponsor 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

Date

Name and Title of Subrecipient's Authorized Official

Email

Subrecipient's Legal Name

Phone