

SUBRECIPIENT COMMITMENT FORM

Completion of this form when submitting a proposal to ASU will expedite the subaward process by providing a checklist of documents and certifications required by sponsors, and by providing ASU with an authorized institutional representative signature

Today's Date (MM/DD/YY): _____

SUBRECIPIENT INFORMATION

SUBRECIPIENT LEGAL NAME (Must match name associated with DUNS number): _____

SUBRECIPIENT PRINCIPAL INVESTIGATOR (PI): _____

ASU PI: _____ PRIME SPONSOR: _____

ASU'S PROPOSAL ENTITLED: _____

SUBRECIPIENT'S TOTAL FUNDS REQUESTED: \$ _____

PERFORMANCE PERIOD: BEGIN: _____ END: _____

DATA UNIVERSAL NUMBERING SYSTEM (DUNS) # (required): _____

DUNS + 4 #: _____

EIN No.: _____

Institution Type: _____

Small Business: Yes No

If Yes: Check all applicable federally-defined qualifications:

- 8(a) business (Small disadvantaged business)
- Veteran-Owned business
- Service-Disabled Veteran-Owned business
- Women Owned business
- HUBZone small business
- Minority Institution

Subrecipient currently registered in System for Award Management (SAM) database?

Yes EXPIRATION DATE: _____ (update information if within 60 days of expiration)

No Note: SAM registration is mandatory. Registration website: <http://www.sam.gov/>

SUBRECIPIENT "AWARD" ADDRESS:

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Congressional District for Award Address (N/A for foreign subrecipients):

SUBRECIPIENT "PLACE OF PERFORMANCE" ADDRESS: Check box if same as AWARD Address above

(Complete if subrecipient "Place of Performance" address differs from subrecipient "Award" address.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Congressional District for "Place of Performance Address" (N/A for foreign subrecipients): _____

SUBRECIPIENT "REMIT TO" ADDRESS: Check box if same as AWARD Address above

(Complete if subrecipient "Remit to" address differs from subrecipient "Award" address.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Subrecipient Contacts	
Administrative Contact (responsible for Subaward processing)	
Name: _____	
Address: _____	
City: _____	State: _____ Zip Code + 4: _____
Telephone: _____	Fax: _____
Email: _____	
Project Director/Principal Investigator	
Name: _____	
Address: _____	
City: _____	State: _____ Zip Code + 4: _____
Telephone: _____	Fax: _____
Email: _____	
Financial Contact	
Name: _____	
Address: _____	
City: _____	State: _____ Zip Code + 4: _____
Telephone: _____	Fax: _____
Email: _____	
Authorized Official	
Name: _____	
Address: _____	
City: _____	State: _____ Zip Code + 4: _____
Telephone: _____	Fax: _____
Email: _____	
A-133 Audit Contact	
Name: _____	
Address: _____	
City: _____	State: _____ Zip Code + 4: _____
Telephone: _____	Fax: _____
Email: _____	

SECTION A – PROPOSAL DOCUMENTS

The following documents are included in subrecipient subaward proposal submission and covered by certifications in Section B:

- STATEMENT OF WORK** (REQUIRED – Please attach to this form with submission)
Includes work to be performed, project description, PI, period of performance, deliverables, and milestones.
- BUDGET and BUDGET JUSTIFICATION** (REQUIRED – Please attach to this form with submission)

Includes budget for entire length of project and broken down by budget period; and budget justification with reasonable level of detail.

- | | | |
|---|------------------------------|-----------------------------|
| Participant Support costs requested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Value Added Tax (VAT) costs requested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Short-term travel visa costs are requested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| International and/or domestic travel costs requested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Administrative and/or clerical salaries costs requested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Computers and/or computing device costs requested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IMPORTANT: ASU will be reviewing the budget and budget justification in order to assess if costs are appropriately justified and seek agency prior approval, when prior approval is required.

- COST PRICE ANALYSIS (REQUIRED FOR BUDGETS OR PROJECTS WITH TOTAL COSTS OF \$100,000 OR MORE)**
- This **SUBRECIPIENT COMMITMENT FORM** (REQUIRED) signed by Subrecipient Authorized Official.
- Small/ Disadvantaged Business Subcontracting Plan, in agency-required format. (Required for proposals over \$700,000 stipulated by FAR 19.704(a)(9)).
- If new to working with ASU, Registration in our Financial Management System is needed. Register Now Link. **NOTE:** ASU Financial Services guidance is also available [HERE](#).
- OTHER: _____

SECTION B – SPECIAL REVIEW AND CERTIFICATIONS

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 is _____ (Enter F&A rate).

(If this box is checked, attach a copy of your F&A rate agreement or provide a URL link to the agreement below)

URL: _____

IMPORTANT: If your organization is receiving funding under a federal award and you do not have a federally-negotiated F&A rate, your organization can only include a maximum rate of 10% on Modified Total Direct Costs.

- My organization has used the Sponsor's published limited F&A cap.
- My organization is not requesting any F&A.
- My organization is not receiving any federal funds for this project and is requesting an F&A rate of _____.

(Please specify basis on which rate has been calculated in "Section C - Comments" at end of form.)

2. **Fringe Benefit Rates** included in this proposal have been calculated based on:

- Rates consistent with or lower than Subrecipient's federally-negotiated rates.

(If this box is checked, a copy of subrecipient's Fringe Benefit rate agreement must be furnished to ASU before a subaward will be issued, submit along with this Subrecipient Commitment Form.)

- Other rates

(Please specify basis on which rate has been calculated in "Section C - Comments" at end of form.)

- Not applicable (fringe benefits request for subrecipient)

3. **Committed Cost Sharing / Matching / In-Kind:** Yes No **Amount: \$** _____

(Cost sharing, Matching, and/or In-Kind amounts must be included in subrecipient's budget and budget justification.)

REGULATORY APPROVALS (Questions 4-15)

PROJECT-SPECIFIC REQUIREMENTS

4. **Human Subjects:** Yes No

Check **Yes** if proposal includes surveys, interviews, observations, or secondary data.

(If Yes: Copies of the Institutional Review Board (IRB) or Ethics Committee approval and approved "Informed Consent" form must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to ASU's Principal Investigator as soon as available.)

(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 subject research must take the NIH human subjects training or human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm)

5. **Animal Subjects:** Yes No

(If Yes: A copy of the IACUC Committee approval must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to ASU's PI as soon as available.)

6. **Certification Regarding Debarment and Suspension**

Is the entity, Principal Investigator, or any other employee or student participating in this project debarred, suspended, or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs, or activities?

Yes No **(If Yes: Please explain in Section C – Comments below)**

Subawards to any entity or individual included in the Federal Excluded Parties are prohibited.

7. **Subrecipient Financial Conflict of Interest (FCOI) Policy (Applicable to PHS-funded research and other sponsors adopting the federal financial disclosure requirements)**

- Not applicable, as this project is not funded by PHS or any other sponsor that has adopted these financial disclosure requirements.
- Subrecipient hereby certifies that it has an active and enforced PHS-compliant FCOI 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.
- As a Subrecipient, I have a **pending** FCOI policy established and will adopt and implement a policy prior to execution of the subaward agreement that is compliant with PHS policy using the [Federal Demonstration Partnership \(FDP\) Model Policy](#) as a guide.

8. **NSF Responsible Conduct in Research (RCR)**

- Not applicable. This project is not providing NSF funding to undergraduate students, graduate students, or postdoctoral researchers.
- Subrecipient certifies that it maintains 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, and subrecipient has a training program in place and will train all NSF-funded undergraduate students, graduate students, and postdoctoral researchers in accordance with NSF's RCR training requirements.

9. **NIH Responsible Conduct in Research (RCR)**

- Not applicable. This project is not providing NIH support to **trainees, fellows, participants, or scholars through any NIH training, career development award, research education grant, or dissertation research grant.**
- Subrecipient certifies that it will monitor and maintain records for the individual training plans as proposed by subrecipient in accordance with NIH's RCR training requirements.

STANDARD REQUIREMENTS

10. Affirmative Action Compliance

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than 50 employees and subaward will be for \$50,000 or more, you are required to have a written affirmative action program. Indicate whether your organization has a written affirmative action program:

- Yes, we have a written affirmative action program developed and on file.
- No, we do not have a written affirmative action program.
- Not applicable, as we have less than 50 employees or anticipate subaward amount less than \$50,000.
- OTHER: _____

11. Conflict of Interest Policy (ASU requires that every Subrecipient have its own established and enforced Conflict of Interest policy)

- Subrecipient certifies it **will follow** the Conflict of Interest policy established and enforced by its compliance office or equivalent. 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 adopt and implement a policy prior to execution of the subaward agreement. The undersigned certifies that to the best of his/her knowledge there is no officer or employee of Arizona State University who has, or whose relative has, a substantial interest in any transaction resulting from this request.

12. Mandatory Disclosures

- Subrecipient certifies it has and will disclose to Arizona State University all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award for disclosure to federal awarding agency or pass-through entity. See [§200.113](#) for more details.

13. Fiscal Responsibility

Subrecipient 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 were received;
- maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;
- complies with applicable laws and regulations;
- can prepare appropriate financial statements, including the 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 report that describes the finding and steps to be taken to correct the finding.

14. Single Audit and Financial Status

Single Audit Report Link: _____

- We have completed our Single Audit for fiscal year ending _____. The Single Audit Report disclosed no material weaknesses, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are no unresolved prior year findings related to any subaward(s) from Arizona State University.
- We have completed our Single Audit for fiscal year ending _____. The Single Audit Report noted material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings related to subaward(s) from Arizona State University. The corrective action plan is included in the audit link above. Page number(s) for relevant finding(s) are: _____

Our Single Audit for fiscal year ending _____ is not anticipated to be complete until _____. Within thirty days of completion, we will provide written notification of the results along with any required documentation.

We ***are not subject*** to the provisions of Uniform Guidance because our organization:

Expends less than \$750,000 in federal awards annually

Is a non-U.S. entity

Is a for-profit entity

Other _____

IF YOU ARE NOT SUBJECT TO OMB CIRCULAR A-133, YOU MUST COMPLETE THE ANNUAL SUBRECIPIENT SINGLE AUDIT CERTIFICATION FOUND [HERE](#) AND ATTACH TO THIS FORM.

15. FFATA - ASU must comply with the Federal Funding Accountability and Transparency Act (FFATA), and to do so requires the following information (based upon Place of Performance information stated above):

The names and total compensation of the five most highly compensated officers of the entities must be listed if, in the preceding fiscal year, the entities received:

- (i) 80% or more of its annual gross revenues in federal awards (federal contracts, (and subcontracts), loans, grant (and subgrants) and cooperative agreements); AND
- (ii) \$25,000,000 or more in annual gross revenues from federal awards; AND
- (iii) the public does not have access to 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.

Is subaward entity exempt from reporting executive compensation? Yes No (If No: Complete this [form](#).)

SECTION C – COMMENTS

SUBRECIPIENT AUTHORIZED APPROVER:

THIS BOX MUST BE COMPLETED

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

Date

(Type or print name and title of Authorized Official)

(Phone)

(Email)