**SUBRECIPIENT COMMITMENT FORM**

All organizations submitting a proposal for inclusion in an application led by Syracuse University (SU) must submit this *Subrecipient Commitment* form to allow SU to include the institution or organization in SU’s submission. This form provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized official to sign.

|  |  |  |
| --- | --- | --- |
| Subrecipient’s Legal Name:       |  | Subrecipient’s PI:       |
| Federal Employer Identification Number:       |  | UEI (Unique Entity Identifier):       |
| Performance Period Start:       |  | End:       |
| Place of Performance:       |
| Address 1:       |  | Congressional District:       |
| Address 2:       |  | Country:       |
| City:       |  |  |
| State:       |  | ZIP + 4:       |
| SU PI:       |  | Prime Sponsor:       |
| Solicitation Number/Title:       |

**SECTION A - Proposal Documents**

The following documents are included in our subaward proposal submission and covered by the certifications below (check as applicable):

**[ ]  STATEMENT OF WORK** (required)

**[ ]  BUDGET AND BUDGET JUSTIFICATION** (required)

**[ ]  SUBRECIPIENT COMMITMENT FORM,** (this form) **completed and signed by subrecipient’s authorized official** (required)

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

**[ ]** Biosketches and Other Support of all Key Personnel, in agency-required format

**[ ]** Other:

**[ ]** Other:

**SECTION B – Special Review and 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, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to SU before a subaward will be issued.)*

**[ ]** Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)

**[ ]** Not applicable (no indirect cost requested for subrecipient)

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

**[ ]** Rates consistent with or lower than our federally negotiated rates

*(If this box is checked, a copy of your FB rate agreement or a URL link to the agreement must be furnished to SU before a subaward will be issued.)*

**[ ]** Based on actual rates

**[ ]** Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)

**3. For-Profit/Commercial Entities**

Note: Vendors are not subject to many of the flow-down provisions required of subawardees, e.g., effort reporting under a federal award. It is therefore important that the work provided by any for-profit/commercial subrecipient be classified appropriately.

Please respond to the following.

**[ ]  yes [ ]  no** The goods and/or services we will provide under this transaction will be comparable to the goods and/or services we provide to many different customers during the course of our normal business operations.

***If “no”*** please describe how these services and/or goods will differ from those offered to other customers. (Attach additional pages if necessary.)

**[ ]  yes [ ]  no** The goods and/or services we will provide under this transaction will be supplementary to the operation of the sponsored program, and we will not be responsible for programmatic decision making.

***If “no”*** please describe how your company’s goods and services will contribute to the objectives of the program, how your company’s performance will be measured against these objectives, and provide the names of your company’s representatives who will be responsible for making programmatic decisions. (Attach additional pages if necessary.)

**4. Cost Sharing [ ]  yes Amount:** **; [ ]  no**

Cost sharing amounts and justification must be included in the subrecipient’s budget.

**SECTION C - Regulatory Approvals (Questions 5-12)**

***If any regulatory approval are “pending” at submission:*** Copies of the applicable determination or approval must be provided before any subaward will be issued. If not attached here, obtain approval as required and forward these documents to SU’s PI and to SU’s Office of Sponsored Programs, Attn: Research Administrator as soon as they become available. Please indicate the SU PI’s name and subaward number for reference, if available. For animal research, SU’s IACUC must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued

**5. Human Subjects [ ]  yes [ ]  no**

Note: Surveys, interviews, observations, or use of secondary data may be human subjects’ research. Contact your local IRB office for guidance.

***If “yes”*, Determination of Exemption or IRB Approval Date:       IRB Number:      ; or [ ]  pending**

***If “yes”*** & 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 subjects research training (<http://grants.nih.gov/grants/policy/hs_educ_faq.htm>) as required by NIH.

Does your organization/institution have a Federalwide Assurance (FWA) Number? **[ ]  yes [ ]  no**

***If “yes”***provide number:

Is your organization/institution’s IRB accredited by AAHRP? **[ ]  yes [ ]  no; *If “yes****”* provide number:

**6. Animal Subjects [ ]  yes Approval date:       or [ ]  pending; IACUC Number:      ; [ ]  no**

Does your organization/institution have a PHS Animal Welfare Assurance Number? **[ ]  yes [ ]  no** ***If “yes”***provide number:

Is your organization/institution AAALAC accredited? **[ ]  yes [ ]  no** ***If “yes”***provide AAALAC number:

**7. Financial Conflict of Interest (applicable to NIH, NSF, or any other sponsor that has adopted the federal financial disclosure requirements)**

**[ ]** Not applicable because this project is not being funded by NIH, NSF, or any other sponsor that has adopted the federal financial disclosure requirements.

**[ ]** Subrecipient organization/institution hereby certifies that as of August 24, 2012 it has an enforced institutional policy implementing the PHS Financial Conflict of Interest Regulations found under the provision of 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research.”

**[ ]** Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to formulate a policy consistent with the Syracuse University's FCOI policy, available at <http://supolicies.syr.edu/fac_teach/conflict_int_pi.htm>.

**8. Debarment, Suspension, Proposed Debarment**

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 Organization 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 governmental 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 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

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

**9. Effort Reporting**

The organization certifies that they have systems in place to actively monitor and document the time/effort devoted to sponsored projects and that they charge salary and wages accordingly. **[ ]  yes [ ]  no** (If “no,” explain in Section D *Comments* below.)

*Note: if a subaward is issued, copies of payroll detail and/or effort certification forms may be requested at any time.*

**10. Responsible Conduct of Research**

**[ ]** Not applicable because this project is not being funded by NSF.

**[ ]** Subrecipient certifies by signing this Subrecipient Commitment Form that it has an institutional plan to provide appropriate training and oversight in the responsible and ethical conduct of research, as described in the January 2010 NSF Proposal and Award Policies and Procedures Guide, specifically in Part I – Grant Proposal Guide, Chapter II. C. 1e and in Part II – Award Guide, Chapter IV.B, which implements provisions of Section 7009 in the America COMPETES Act.

**11. Foreign Activities/ Export Controls**

Does this project involve international travel, shipping/export, and Export Control related research performed outside the U.S. or collaborations inside the U.S. with foreign nationals (including int'l students/post docs).

**[ ]  No**

**[ ]  Yes -** If Yes, list all countries:

**12. NSF Safe and Inclusive Working Environment Plan for Off-Campus or Off-Site Research**

Does this project propose to perform NSF sponsored research Off-Campus or Off-Site? NSF defines Off-Campus or Off-Site research as “data/information/samples being collected off-campus or off-site, such as fieldwork on research vessels and aircraft.”

**[ ]  No**

**[ ]  Yes -** If Yes, a Plan for Safe and Inclusive Working Environment for Off-Campus Research is required and a copy is attached.

**SECTION D – Comments**

Attach additional pages if necessary.

**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 subrecipient has reviewed the program solicitation or funding agency guidelines, and by signature below, confirms it’s compliance with the Prime Sponsor’s certification and assurance requirements applicable to the solicitation. 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 |  | Address  |
|       |  |       |
| Type or print name and title of Authorized Official  |  | City, State, Zip |
|       |  |       |
| Name of Subrecipient’s Organization/Institution |  | Phone/ Fax |
|       |  |       |
| Federal Employer Identification Number (EIN) |  | Email |
|       |  |       |
| \*DUNS or DUNS +4 number |  | Date |
|       |  |  |
| \*UEI (Unique Entity Identifier) |  |  |

\*SU practice requires a subrecipient to have a UEI number and current registration with SAM.gov.