****

**Office of Sponsored Programs and Foundation Relations**

**SUBRECIPIENT COMMITMENT FORM**

*Revised: August 2019; Last reviewed: September 2021*

*Next review: Fall 2023*

**All organizations planning to enter into a collaborative subrecipient relationship with St. John Fisher University must complete this form at the proposal stage. It provides a checklist of documents and certifications required by sponsors. The form should be completed by someone from the subrecipient institution who is knowledgeable about the organization’s business processes and the scope of work to be carried out by the Principal Investigator/Project Director.**

|  |  |  |
| --- | --- | --- |
| **SECTION I—PROJECT SUMMARY** | | |
| Project title: | | |
| Funder: | Solicitation/FOA #: | |
| Program Announcement/RFP URL: | | |
| Subrecipient Institution—legal name: | | |
| Subrecipient PI/PD: | E-mail: | Phone: |
| Subrecipient Grants Office Contact: | E-mail: | Phone: |
| Proposed subrecipient period of performance | Start: | End: |
| St. John Fisher University PI/PD: | E-mail: | Phone: |

|  |
| --- |
| **SECTION II—SUBRECIPIENT ELIGIBILITY** |

|  |  |  |
| --- | --- | --- |
| Is the subrecipient entity presently debarred, suspended or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities as defined in 2 CFR 180? | Yes | No |
| Is the subrecipient PI/PD (or any other employee or student participating in this project) presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts? | Yes | No |
| Is the subrecipient entity presently indicted for, or otherwise criminally or civilly charged by a government entity? | Yes | No |
| Has the subrecipient entity within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? | Yes | No |
| **(If yes to any of the above questions, explain in the Comments section.)** | | |
| **SECTION III—CERTIFICATIONS/COMPLIANCE** | | | |

|  |  |  |
| --- | --- | --- |
| Subrecipient certifies that it has personnel trained in federal award regulations to oversee the administration of this award. (**If no, identify who is responsible for administration of the subaward in the Comments section.)** | Yes | No |
| **Facilities and Administrative Rates** [F&A or Indirect Cost Rate (IDC)] included in this proposal have been calculated based on:  Subrecipient’s federally negotiated F&A rate for this type of work, or a reduced F&A rate that subrecipient agrees to accept. *(If this box is checked, please attach a copy of your F&A/IDC rate agreement or provide a URL link to the agreement****.)***  A de minimis rate of 10% of modified total direct costs (MDTC) in accordance with 2 CFR 400.414(f), if applicable.  Other rates (Please specify the basis on which the rate has been calculated in the Comments section.).  Not applicable  **(F&A rate)** | | |
| **Fringe Benefit Rates** included in this proposal have been calculated based on:  Rates consistent with institutional or federally negotiated rate. *(If this box is checked, please attach a copy of the rate agreement or provide a URL link to the agreement.)*  Other rates (Please specify the basis on which the rate has been calculated in the Comments section.) | | |
| **Cost-sharing, matching or in-kind funds** are included in this proposal.  (**If yes,** cost-sharing, matching or in-kind amounts and justification should be included in the subrecipient’s budget) | Yes | No |
| **Lobbying (for federal projects only)**  Subrecipient entity 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 yes, please respond in the Comments section.)** | Yes | No |
| **Financial Conflict of Interest (FCOI) in Research:** *The subrecipient entity needs to make a certification regardless of the prime award funding source.* |  |  |
| Subrecipient entity hereby certifies that it has an active and enforced NSF, NIH, or other federal agency-compliant conflict of interest in research policy that addresses the provisions of 42 CFR Part 50, Subpart F. Subrecipient also certifies that, to the best of the 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 are required by its conflict of interest policy; and (2) all identified conflicts of interest have or will be satisfactorily managed, reduced or eliminated in accordance with the subrecipient’s conflict of interest policy prior to the expenditure of any funds under any resultant agreement. | Yes | No |
| **If no conflict of interest policy:** Subrecipient entity hereby agrees to abide by Fisher’s policy and related procedures. | Yes | No |
| **Responsible Conduct of Research (RCR) (for NSF-funded or NIH-funded projects only):** The subrecipient entity hereby certifies that it has an RCR plan in place and the subrecipient PI/co-PI will provide the federally mandated training and oversight to their students and postdoctoral researchers supported by this grant. | Yes | No |
| **If no,** subrecipient entity hereby agrees to abide by Fisher’s policy and related procedures. | Yes | No |
| **Human or Animal Subjects:** Research includes humans or non-human animals.  (**If yes:** IRB or IACUC approval will be needed prior to initiation of award.) | Yes | No |
| **SECTION IV—AUDIT STATUS** | | | |

|  |  |  |
| --- | --- | --- |
| Subrecipient DOES receive an annual audit in accordance with Uniform Guidance [2 CFR Subpart F §200.501](http://www.gpo.gov/fdsys/granule/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-501) (previously A-133).  **If 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  Other (provide explanation in Section V) | Yes | No |
| **If yes**: Most recent fiscal year audit was completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Were audit findings reported? **(If yes, explain in the Comments section.)**  **Please attach a complete copy of your most recent audit report or provide the URL link to a complete copy. If not subject to audit, explain in the Comments section.** | Yes | No |
|  |  |  |
| **SECTION V—COMMENTS** | | |
| **Please specify section for each comment.** | | |
| ***Add additional pages as 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 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: | Legal Name of Subrecipient Institution: |
| Name and Title of Authorized Official: | Address: |
| E-mail: | City, State, ZIP + 4: |
| Phone: | EIN/TIN: |
| Date: | Unique Entity Identifier (DUNS may be used if UEI is not available): |
| **Currently registered in SAM? Yes  No**  Expiration date: | Subrecipient’s Congressional District: |
| **Is subrecipient owned or controlled by a parent entity?**  **Yes  No *If yes,*** *please provide the following:*  Parent Entity Legal Name:  Parent Entity Address, City, State, ZIP:  Parent Entity Congressional District:  Parent Entity EIN/TIN:  Parent Entity DUNS: | Is primary place of performance different than location of subrecipient? **Yes  No *If yes,*** *please provide that location:* |
| **Subrecipient is a:** Institution of Higher Education Non-profit entity For-profit entity Government entity Foreign entity | |

**Please e-mail this form and all required documents indicated in Section VI to the St. John Fisher University OSPFR as soon as possible. It will be considered valid for one year from the date of signature.**

|  |
| --- |
| **SECTION VI—FOR OFFICE USE ONLY** |

**The subrecipient has submitted the following required documentation:**

Statement of work to be conducted by subrecipient

Budget and budget justification

Biosketches of all key personnel, in agency-dictated format

F&A rate agreement

Fringe benefit agreement

Other (describe):

## *This form complies with 2 CFR §200.331(a)(1)*