**SUBRECIPIENT COMMITMENT SHORT FORM**

Office of the Vice President for Research  
Division of Grants Management

Complete and return a signed copy to Grants Management at [subawards@temple.edu](mailto:subawards@temple.edu)

**RETURN BY:** All Subrecipients must complete and return this form for renewal and continuation awards issued by TEMPLE UNIVERSITY. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the Subrecipient’s Authorized Official.

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**Prime: Temple University-Of The Commonwealth System of Higher Education**

<table>
<thead>
<tr>
<th>SPONSOR AWARD #</th>
<th>TEMPLE PI NAME</th>
<th>eRA#</th>
<th>SUB AWARD #</th>
</tr>
</thead>
</table>

**Title of Proposal:**

**Period of Performance:**  
FROM: TO:

**Sponsor:**

**B. SUBRECIPIENT INFORMATION**

Subrecipient’s Legal Name:  
P I N a m e :

Address where work will be performed:  

DUNS#  

EIN #:  

Congressional District:

**C. PROPOSAL DOCUMENTS**

The following ✓ documents are required from the subrecipient and covered by the certification below. Return all documents ✓.

- [ ] STATEMENT OF WORK
- [ ] BUDGET AND BUDGET JUSTIFICATION: TOTAL AMOUNTRequested FOR THIS PERIOD:$
- [ ] PROGRESS REPORT:
- [ ] CARRY FORWARD REQUEST:
- [ ] REGULATORY APPROVALS (IRB, IACUC, IBC, etc.):
- [ ] ADMINISTRATOR NAME & EMAIL:
- [ ] OTHER:

**D. SPECIAL REVIEW & CERTIFICATIONS**

- [ ] Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy and 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 expenditure of any funds. *(Check box if statement is true)*

  What year is the most recent fiscal year audit complete?  
  Were there any findings?  
  Yes  
  No 

  If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding. *(Provide URL or attach the most recent audit)*:

  Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible?  
  Yes  
  No 

*(If yes please explain:)*

**SUBRECIPIENT CERTIFIES:** The information, certifications, and representations above have been read, signed and made by an authorized official of the subrecipient named herein. Authorized official affirms all statements are true.

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Signature of Authorized Official for Subrecipient  
Type or Print Name  
Date  
Title of Authorized Official  
Email Address of Authorized Official