



Office of the Vice President
for Research

SUBRECIPIENT COMMITMENT SHORT FORM

Division of Research Administration

Complete and return a signed copy to: 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.

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

SPONSOR AWARD #:	TEMPLE PI NAME:	eRA#:	SUB AWARD #
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Title of Proposal:

Period of Performance: FROM: _____ TO: _____

Sponsor: _____

B. SUBRECIPIENT INFORMATION

Subrecipient's Legal Name: _____
 PI Name: _____
 Address where work will be performed: _____
 DUNS# _____ EIN #: _____ Congressional District: _____ Zip + 4 _____

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 AMOUNT REQUESTED FOR THIS PERIOD:\$ _____
 PROGRESS REPORT: _____
 CARRY FORWARD REQUEST: _____
 REGULATORY APPROVALS (IRB, IACUC, IBC, etc.): _____
 ADMINISTRATOR NAME, PHONE# & 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 describing the finding(s), and steps taken to correct the finding (s).
 Have the finding(s) been resolved? Y N
(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.

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