



SUBRECIPIENT COMMITMENT FORM ,

Complete and return a signed copy to Research Administration at subawards@temple.edu

Check if listed in FDP Expanded Authorities & Complete sections A, B, C and Sign.

RETURN BY THIS DATE: (This document is to be returned 5 days prior to the submission deadline). All Subrecipients must complete this form when submitting a proposal to TEMPLE UNIVERSITY. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the Subrecipient's Authorized Official.

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

| | | | |
|-------------------|-----------------|-------|--------|
| RFA/RFP/PAR/PA #: | TEMPLE PI NAME: | eRA#: | FAIN#: |
|-------------------|-----------------|-------|--------|

Title of Proposal:

Proposed Period of Performance: FROM: _____ TO: _____
 Subrecipient Performance Period if different: _____

Sponsor:

B. SUBRECIPIENT INFORMATION

SUBRECIPIENT'S Legal Name:

SUBRECIPIENT PI Name::

Performance Site Address: _____ Zip + 4

| | | |
|-------|------|-------------------------|
| DUNS# | EIN# | Congressional District: |
|-------|------|-------------------------|

| | | | |
|-----------------------|------------------------|-----|----|
| Type of Organization: | Small Business Concern | Yes | No |
|-----------------------|------------------------|-----|----|

SUBRECIPIENT'S Sponsored Programs Contact Name, Phone#, and Email:
 Name: _____ Phone #: _____ Email: _____

C. PROPOSAL DOCUMENTS

The following ✓ documents are required from the subrecipient as part of Temple's proposal submission and covered by the certification below. Return all documents to:

- STATEMENT OF WORK
- BUDGET AND BUDGET JUSTIFICATION
- Letter of Intent
- Biosketches
- Other Supporting Documents:
- Other:

D. SPECIAL REVIEW & CERTIFICATIONS

1. **Facilities & Administration Rates** included in this proposal have been calculated based on:
 - Our Federally-Negotiated F&A Rate for this type of work, or reduced F&A rate that we hereby agree to accept. **Provide a F&A Agreement URL link in Section F, Comments:**
 - 10% MTDC in accordance with CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
 - Other rates (**Specify the basis in Section F Comments, below**): _____ Not applicable (no indirect cost request for the subrecipient).
2. **Fringe Benefit Rates** included in this proposal have been calculated based on:
 - Rates consistent with or lower than our federal-negotiated rates
 - Are based on our institutional policy. (**Specify the basis on which rates are assessed and/or provide a link to policy in Section F, Comments**)
 - Other rates (**Specify the basis on which the rate has calculated in Section F, Comments**).

3. Cost Sharing :

Yes No Amount: \$ (Cost sharing amounts and justification must be included in the budget)

4. Human Subjects:

Yes No (skip to #5) IRB Approval Date: Expiration Date: IRB number:
 Determination of Exemption Pending

If “Yes” Copies of IRB approval and approved “informed Consent” form must be provided before any subaward will be issued.

Does your organization/institution have a Federalwide Assurance (FWA) Number?

Yes –Provide FWA # No -

5. Animal Subjects:

Yes No (skip to #6) Pending Approval Date: Expiration Date: IACUC Number:

If “Yes” and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter. Forward to Temple’s PI as soon as it becomes available.

Does your organization/ institution have a PHS Animal Welfare Assurance Number?

Yes – Please provide OLAW #: No - Please note that an OLAW # is required before a subaward can be issued

Is your organization/ institution AAALAC accredited? Yes No

6. Recombinant DNA:

Yes No (skip to #7) IBC Number:
 Pending Approval Date: Expiration Date:

If “Yes” and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter.

7. Stem Cells:

Yes No (skip to #8) Pending Approval Date: Expiration Date: hSCRO Number:

If “Yes” and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter.

8. Responsible conduct of Research (RCR) (for NSF-funded projects only):

Yes No
 My organization certifies that it has an Institutional Plan to meet NSF’s Educational Requirements for the Responsible Conduct of Research, as required under the “American COMPETES Act” PUBLIC LAW 110-69-August 9, 2007

Yes No
 My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF’s RCR requirements.

9. Conflict of Interest:

Temple University requires that a subrecipient conducting funded research “*maintain an up-to-date, written and enforced policy on financial conflicts of interest.*” The subrecipient must disclose in writing any potential conflict of interest to Temple University in accordance with Temple’s policy and the applicable awarding agency policy.

(Please check one box):

Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that conforms to [42 CFR Part 50.604 Subpart F](#) and that 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 under any resulting agreement. (Skip to Section 9).

Subrecipient does not have an active and/or enforced conflict of interest policy consistent with 42 CFR Part 50.604 Subpart F and agrees to develop a policy consistent with 42 CFR Part 50.604 Subpart F prior to receiving this award.
The Federal Demonstration Partnership (FDP) has developed a model Financial Conflict of Interest Policy to assist potential subrecipient institutions that do not have a policy or disclosure form in place. Subrecipient entities without an approved FCOI policy can use this model template to create their own FCOI. The template, along with additional information can be found here: [FDP Conflict of Interest](#).

10. 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 **(Explain in Section F, Comments)** No

The organization/institution certifies that 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
- are are 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
- are are not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. **(If "are", explain in Section F, Comments)**

E. FISCAL STATUS:

11. Audit Status

Subrecipient Receives an Annual Audit In Accordance to OMB Uniform Guidance? Yes No

Most recent fiscal year audit completed: Were there any findings? Yes No **(Provide URL for the subrecipient's most recent audit in Section F Comments):**

Does the subrecipient receive overall federal funding or at least \$750,000 per year? Yes No

Does the subrecipient have some other form of Individual Audit to verify status? Yes No **(If Yes, please attach)**

Subrecipient is a: Non-profit entity (under federal funding threshold) Foreign entity For-profit entity Government entity

12. Fiscal Responsibility

The organization/institution certifies that its financial system is in accordance with generally accepted accounting principles and **check** all that apply):

- 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 recent report that describes the finding and steps to be taken to correct the finding.

F. COMMENTS

| | |
|----------------------------|--|
| F&A Rate URL | |
| Other Rate Information | |
| Basis for Fringe Rate | |
| Subrecipient PI Suspension | |
| Audit URL | |
| Fiscal Responsibility | |
| Other Comments | |

SUBRECIPIENT CERTIFIES THE FOLLOWING:

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. **Subrecipient understands that any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.**

Signature of Authorized Official for Subrecipient

Type or Print Name

Title of Authorized Official

Date

Email Address of Authorized Official