

SUBRECIPIENT COMMITMENT FORM

RFSUNY/SBU's PI Name Prime Sponsor
 Proposal Title

SUBRECIPIENT INSTITUTION INFORMATION

Legal Name				
PI Name	Admin Contact Name			Fax
PI Phone	Admin Contract Phone			
PI Email	Admin Contract Email			
Performance Site Address	City	State	Zip	
Performance Period Start Date	End Date			
Direct Cost Year 1	F&A Year 1	Direct Cost All Years	F&A All Years	

The following documents are included and covered by the certifications below: **REQUIRED - Scope of Work, Cover/Face Page, Budget/Budget Justification**

Subrecipient is part of FDP Expanded Clearinghouse. Complete Sections A and B only.

FDP Expanded Clearinghouse Profile url

Subrecipient is NOT part of FDP Expanded Clearinghouse. Complete Sections A, B, C and D

SECTION A - Proposal Information

Approval Date or Pending

Human Subjects

If "Yes": Have all key personnel involved completed Human Subjects Training?

Vertebrate Animals

Program Income

Human Embryonic Stem Cells

Cost Sharing

If "Yes", Amount

Cost sharing, matching and/or in-kind amounts and justification should be included in the Subrecipient's budget

Select Agents

Recombinant DNA

Responsible Conduct of Research (RCR) (for NSF-funded projects only): Subrecipient certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007

Subrecipient 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.

Export Control: Subrecipient hereby certifies that neither it nor any persons or entities (paid or non-paid) participating in this project are prohibited/denied persons or entities under the federal export control regulations

SECTION B – Subrecipient Approval

Should The Research Foundation's risk assessment indicate the potential need, the Foundation reserves the right to conduct additional monitoring by: requesting and reviewing audit report; performing random audits; performing site visits to observe program operation; reviewing financial records or other actions as necessary. By signing below the Subrecipient certifies that their organization is correctly categorized as a Subrecipient and is not a contractor. The information provided in the proposal and on this form is true and correct, and Subrecipient will honor any commitments made in the proposal.

In signing below and offering to participate in this research program, the Subrecipient Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research.

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and is prepared to establish the necessary inter-institutional agreement consistent with that policy. Any terms or rates included in the proposal described herein are not binding upon the Foundation. All terms and conditions between the parties will be outlined in a separate formal Subaward Agreement. The authorized official representative (AOR) of the Subrecipient named herein has the authority to legally bind Subrecipient in grants administration matters. Subrecipient understands that: (a) any work they begin and/or expenses they incur related to their proposal prior to full execution of a Subaward Agreement will be at their organization's own risk, and (b) no work involving human subjects and/or animals may begin until Subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

Signature of Authorized Official (AOR)

AOR's Phone

AOR's Email

Name and Title of Authorized Official

Date

Email to which subaward agreement should be sent

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SECTION C - 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, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)*
 - Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)
 - Not applicable – Subrecipient is not requesting payment of F&A costs
2. **Fringe Benefit Rates** included in this proposal have been calculated based on:
- Rates consistent with or lower than our federally-negotiated rates *(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)*
 - Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).
3. **Small Business Concern** **Yes** **No**
Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.
- If "Yes":** Subrecipient represents that it is a:
- Small disadvantaged business as certified by the Small Business Administration
 - Women-owned small business concern
 - Veteran-owned small business concern
 - Service-disabled veteran-owned small business concern
 - HUBZone small business concern
 - Other: _____
4. **Lobbying (for U.S. federal projects only):**
 Yes **No** Subrecipient 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 "No," attach explanation.)
5. **Conflict of Interest - Please check the appropriate box below**
- Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Subrecipient's knowledge, (1) all financial disclosures will be made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy, and (2) 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 expenditures of any funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.
 - Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt RFSUNY's policy.
- By signing this form, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any funded contract/grant. For those adopting RFSUNY's policy, the training is located online at: <https://www.stonybrook.edu/commcms/research-compliance/Conflict-of-Interest-and-Commitment/Training>
6. **Debarment and Suspension**
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 Subrecipient 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 government 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 of 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

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7. Audit Status

- Subrecipient receives an annual audit in accordance with 2 CFR Part 500.
Most recent fiscal year completed: FY _____
Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) **Yes** **No**

Note: Please attach a complete copy of your most recent audit report or provide the URL link to a complete copy.

- Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR Part 500

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

Note: RFSUNY/SBU will reserve the right to request and review audit reports, perform random audits, perform site visits to observe program operations and to review financial records to ensure proper level of monitoring should the risk assessment indicate the potential need. Completion of an audit questionnaire may be required upon subaward issuance.

8. Affirmative Action Compliance

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than fifty (50) employees and the subaward will be for \$50,000 or more, you are required to have a written affirmative action program.

Yes, our institution has a written affirmative action program developed and on file.

No, our institution does not have a written affirmative action program.

Not Applicable, our institution does not have more than fifty (50) employees and/or the total subaward will be less than \$50,000.

9. FFATA Executive Compensation Exemption Certification

Our organization is not exempt from providing compensation information because:

A. In the proceeding fiscal year, our organization received:

(i) 80% or more of its annual gross revenues in federal awards (federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; AND

(ii) \$25,000,000 or more in annual gross revenues from federal awards; AND

B. The public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a),78(d)) or section 6104 of the Internal Revenue Code of 1986 (26 USC 6104).

Our organization is exempt from reporting Executive Compensation.

SECTION D – Subrecipient Information

Registered in SAM?	Yes	No
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Federal Employer Identification Number (EIN): Unique _____

Entity Identifier (UEI):DUNS may be used if UEI is N/A _____

Subrecipient's Congressional District: _____ **CAGE code:** _____

Institution Type: _____

Is Subrecipient owned or controlled by a parent entity? If "Yes", please provide the following:	Yes	No
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Parent Entity Legal Name: _____

Parent Entity Address, City, State, Zip: Parent Entity _____

Congressional District: Parent Entity Unique Entity _____

Identifier (UEI):DUNS may be used if UEI is N/A: _____

Comments