



Office of Research

SUBRECIPIENT COMMITMENT FORM

All subrecipients must complete this form when submitting a proposal to KSU, along with documents and certifications required by sponsors. This form must be endorsed by the Subrecipient's Authorized Official.

A. PRIME APPLICANT INFORMATION

Sponsor: _____ Program: _____

KSU PI: _____

Proposal Title: _____

B. SUBRECIPIENT INFORMATION

Subrecipient Organization's Legal Name: _____ Subrecipient PI: _____

Address: _____ Address: _____

Address: _____ Phone: _____

DUNS: _____ Fax: _____

EIN: _____ Email: _____

Federal E-Verify Number: _____

Project Location (If different from Subrecipient Address): _____

Total amount requested: _____

C. PROPOSAL DOCUMENTS

- 1. Statement of Work **(REQUIRED)**
- 2. Budget in agency-required format **(REQUIRED)**
- 3. Budget Justification in agency-required format **(REQUIRED)**
- 4. Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposal over \$750,000)
- 5. Biosketches/Resumes, in agency-required format
- 6. Current and Pending Support / Other Support
- 7. Other: _____
- 8. Other: _____

D. SPECIAL REVIEW & CERTIFICATIONS

- 1. **Facilities & Administration Rates** have been calculated based on the following:
 - Our federally-negotiated F&A rate for this type of work, or a reduced F&A rate that we hereby agree to accept. *(Please attach a copy of your F&A rate agreement or provide a URL to the agreement in Section E.)*
 - Other rates (please specify in Section E)
 - Not applicable (no indirect cost request for the subrecipient)
- 2. **Fringe-Benefit Rates** have been calculated based on the following:
 - Rates consistent with or lower than our federally negotiated rates
 - Based on actual rates (please specify in Section E)
 - Other rates (please specify in Section E)

3. Cost Sharing

Yes No

If **Yes**, Amount: _____ (amounts and justification must be included in subrecipient budget)

4. Human Subjects

Yes No

Determination of Exemption or IRB Approval Date: _____ Expiration Date: _____

IRB number: _____ OR Pending

If **YES and approval is pending, a copy of the most recent protocol approval letter must be provided before a subaward will be issued.*

If **YES** and NIH funding is involved:

Yes No Have all key personnel involved completed human subjects training?

**Note: All key personnel engaged in NIH-funded human subjects research must take NIH human subjects training or other human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm).*

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

Yes – Please provide FWA # _____

No – Please note that an FWA # is required before a subaward can be issued.

5. Animal Subjects

Yes No Approval Date: _____ Expiration Date: _____ IACUC #: _____ Pending

If **YES and approval is pending, a copy of the most recent protocol approval letter must be provided before a subaward will be issued.*

Yes No Will vertebrate animals be euthanized and will subrecipient follow AVMA guidelines?

For PHS funding: 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.

6. Responsible Conduct of Research (RCR) (for NSF-funded projects only)

Yes No My organization certifies that it has a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduate students, graduate students, and postdoctoral researchers participating in the proposed research project, as required per Section 7009 of the America COMPETES Act (<https://www.nsf.gov/bfa/dias/policy/rcr.jsp>)

7. Lobbying (for U.S. federal-funded projects only)

Yes No My organization 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**, explain in Section E.)

8. Conflict of Interest (COI) / Financial Conflict of Interest (FCOI)

Yes No Do any subrecipient personnel involved in the project have any familial relationships (spouse, domestic partner, dependents, parents, siblings, in-laws) with KSU or its employees? (If **YES**, explain in Section E. A conflict of interest management plan may need to be implemented.)

COI/FCOI Disclosures

Not applicable because this project is not being funded by a federal agency or federal flow-through funds.

If NSF-funded: Subrecipient organization/institution hereby certifies that it has an active and enforced policy on financial conflict of interest consistent with the provision of NSF Award & Administration Guide Chapter IV. A. federal requirements (2 CFR 200.112).

Subrecipient does not have an active and/or enforced COI policy and hereby agrees to abide by KSU’s policy. See <https://research.kennesaw.edu/compliance/fcoi-nsf.php> for KSU’s policy.

COI for PHS (or Sponsors following PHS policies):

42 CFR Part 50.604 Subpart F requires that institutions conducting PHS-funded research “Maintain an up-to-date, written, enforced policy on financial conflicts of interest.” Further, “If the Institution carries out the PHS-funded research through a subrecipient (e.g., subcontractors or consortium members), the Institution (awardee Institution) must take reasonable steps to ensure that any subrecipient Investigator complies with this subpart by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient’s Investigators .”

Subrecipient FCOI Policy Statement:

- Subrecipient organization/institution hereby certifies that it has an active and enforced COI policy consistent with 42 CFR Part 50.604 Subpart F.
- Subrecipient does not have an active and/or enforced COI policy consistent with 42 CFR Part 50.604 Subpart F and hereby agrees to follow the COI policy established and enforced by Kennesaw State University. See <https://research.kennesaw.edu/compliance/fcoi-phs-nij.php> for KSU’s policy.

9. Debarment, Suspension, Proposed Debarment

- Yes No 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? (If **YES**, please explain in Section E.)

The organization/institution certifies the following (answer all questions below):

- Yes No Is your organization presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts?
- Yes No Is your organization presently indicted for, or otherwise criminally or civilly charged by a governmental entity?
- Yes No Within three (3) years preceding this offer, has your organization been convicted of or had a civil judgment rendered against them for commission of fraud or a 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?
- Yes No Within three (3) years preceding this offer, has your organization had one or more contracts terminated for default by any federal agency?

10. 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

11. Audit Status

- Yes No Does your organization receive an annual audit in accordance with Uniform Guidance 2 CFR 200 Subpart F?

If NO, please indicate why your organization is not subject to 2 CFR 200 Subpart F audit requirements:

- My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
- My organization is a foreign entity.

My organization is a for-profit entity.

My organization is a U.S. government entity.

Please note: Your organization will be required to confirm that it still is not subject to 2 CFR 200 Subpart F audit requirements and fill out a mini-audit questionnaire prior to the establishment of agreement.

If YES, respond to the following and attach your most recent audit report or provide a URL in Section E.

Yes No Has your organization's 2 CFR 200 Subpart F audit been completed for the most recent fiscal year?

Yes No Were there any findings or exceptions that would impact contract costs? (If **YES**, explain in Section E.)

12. For-Profit Organizations

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 (*check as applicable*):

Small/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: _____

E. COMMENTS (*add additional pages as needed*)

F. AUTHORIZED REPRESENTATIVE APPROVAL

APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, approved, 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 policies 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. No work involving human subjects and/or animals may begin until the Subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

Signature of Subrecipient's Authorized Official

_____ **Date:** _____

Printed Name and Title of Authorized Official

Email: _____

Phone: _____

Fax: _____

If Subrecipient is owned or controlled by a parent entity, please provide the following information:

Parent Entity Legal Name: _____

Parent Entity Address: _____

City: _____ **State:** _____ **ZIP (9 digit)** _____

Parent Entity Congressional District: _____

Parent Entity DUNS: _____

Parent Entity EIN: _____