



**SUBRECIPIENT COMMITMENT FORM**

Sponsored Research Services  
141 Lomb Memorial Drive  
Rochester, NY 14623-5608  
Phone: 585-475-5429  
Fax: 585-475-7990  
Email: [subawards@rit.edu](mailto:subawards@rit.edu)

Non-Profit Entity       Profit Entity

Subrecipient Legal Name: \_\_\_\_\_

Subrecipient Address: \_\_\_\_\_ Performance Address: \_\_\_\_\_

Subrecipient PI Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Period of Performance: Start: \_\_\_\_\_ End: \_\_\_\_\_

Total Direct Costs: \_\_\_\_\_ Total Indirect Costs: \_\_\_\_\_ Total Budget Requested: \_\_\_\_\_

**SECTION A – Proposal Documents**

The following documents are included in our subaward proposal submission and covered by the certifications below (check as applicable):

- STATEMENT OF WORK (required)
- BUDGET AND BUDGET JUSTIFICATION (required)
- SUBRECIPIENT COMMITMENT FORM, completed and signed by subrecipient’s authorized official (required)
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for federal requests over \$700,000)
- Biosketches and Other Required Personnel Documents for all Key Personnel, in agency-required format
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**SECTION B - 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.)*  
URL: \_\_\_\_\_
- 10% MTDC in accordance with CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- Other rates (please specify the basis on which the rate has been calculated in Section D Comments below)
- Not Applicable (no indirect cost request for subrecipient)

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 Fringe Benefit 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. Subrecipient Business Status (leave blank if not applicable)

- Large Business       Alaska Native Corporation (ANC) (43USC1601)
- Small Business       Historic Black College or University/Minority Institution

If a small business, identify business classification (\*certified by the Small Business Administration):

- Small Disadvantaged Business (SDB)\* (8a)\*
- Women-owned small business (WOSB)
- Veteran-owned small business (VOSB)
- Service-disabled veteran-owned small business (SDVOSB)
- HUBZone small business \*



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4. **Cost Sharing**  Yes  No **Amount:** \_\_\_\_\_  
*Cost sharing amounts and justification should be included in the subrecipient's budget*

5. **Human Subjects Research**  Yes  No **Approval Date or Status:** \_\_\_\_\_

*If Yes: Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to RIT's PI and RIT's Human Subjects Research Office as soon as they become available.*

*If Yes: Have all key personnel involved completed Human Subjects Training?*  Yes  No

**Does your organization have a Federalwide Assurance (FWA) Number?**  Yes  No

**If "yes", provide number** \_\_\_\_\_

6. **Animal Subjects**  Yes  No **Approval Date:** \_\_\_\_\_

*If Yes: A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to RIT's PI and RIT's Sponsored Research Services office as soon as it becomes available.*

7. **Recombinant DNA**  Yes  No *(If Yes, a copy of the rDNA approval may be required.)*

8. **Stem Cells**  Yes  No *(If Yes, a copy of the Stem Cell approval may be required.)*

9. **Large Scale Human or Non-Human Genomic Data**

Applicable to projects funded by NIH, including NIH flow-through, involving research projects that generate large-scale human or non-human genomic data. For applicability, please refer to the full policy at <http://osp.od.nih.gov/scientific-sharing/policies/>.

- Not applicable because this project is not being funded by NIH or does not involve large-scale genomic data.  
 Subrecipient's project involves generating large-scale human genomic data. Documentation of an approved consent form and an Institutional Certification will be required prior to the award, at the "Just in Time" stage.

10. **Ethics in Research Training**

Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training.

- Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.  
 Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

11. **Conflict of Interest (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements)**

**A. Entity Compliance (select one)**

- Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), NSF, or any other sponsor that has adopted the federal financial disclosure requirements.  
 Subrecipient Organization/Institution 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 Institution'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.



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- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by RIT's Policy C04.0 Individual Conflict of Interest and Commitment Policy. Pursuant to the Policy, for projects funded by PHS agencies Subrecipient "Investigators" must complete the required disclosures at the time of proposal submission and complete training prior to the expenditures of any funds under any resultant agreement.

**B. Project Compliance (select one):**

- The subrecipient certifies that it has determined no investigator has financial interests related to this project. Therefore, no conflict of interest has been identified. If a conflict arises after completion of this form, or during the project, subrecipient shall notify RIT's Sponsored Research office in writing promptly.
- A conflict of interest is identified. The subrecipient shall notify RIT's Sponsored Research office in a separate letter, signed by an authorized institutional representative of the existence of any significant financial conflict of interest as defined by 42 CFR 50.605 and provide assurance that the conflict has been: (check only if current COI exists)
  - Managed
  - Reduced
  - Eliminated

**12. 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

**13. Fiscal Responsibility**

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

- 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;
- Maintains personnel activity reports that support the distribution of salaries and wages to the funded project and account for the employee's total activity;
- Salaries and wages and other direct and indirect costs used in meeting cost sharing or matching requirements on the subaward are supported in the same manner as costs claimed for reimbursement from the Federal program;
- 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 report that describes the finding and steps to be taken to correct the finding.)



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### SECTION C - Audit Status

#### 14. Audit Status

Does the subrecipient receive an annual audit in accordance with Uniform Guidance 2 CFR 200.501?  Yes  No

A. If **Yes**: Has the audit been completed for the most recent fiscal year?  Yes  No Which fiscal year? \_\_\_\_\_

If **no**, when is it expected to be completed? \_\_\_\_\_

Were any audit findings reported?  Yes  No

If **yes**, explain in Section D, Comments below

B. If **No**: Please select the appropriate button indicating why the Subrecipient would not be subject to audit.

- |   |   |
|---|---|
| <input type="checkbox"/> Non-profit entity (under federal funding threshold of \$750,000) | <input type="checkbox"/> For-profit entity that does not have annual audits |
| <input type="checkbox"/> Foreign entity   | <input type="checkbox"/> Federal Agency                                     |
| <input type="checkbox"/> For profit entity that has DCAA audited rates                    | <input type="checkbox"/> Other (explain in Section D)                       |
| <input type="checkbox"/> For-profit entity has annual audits                              |   |

If *awarded*, Subrecipient will be required to provide a copy of the most recent audited organizational financial statements.

RIT reserves the right to perform a limited scope audit, before, during or after a subaward is issued. RIT further reserves the right to request a site visit and have access to the records of the project.

### SECTION D - Comments



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**SECTION E – Subrecipient Approval**

**15. System for Award Management (SAM)**

Is the subrecipient currently registered in the System for Award Management (SAM)?  Yes  No

NAICS Code: \_\_\_\_\_

Organizations that have not registered with SAM.gov will need to obtain a DUNS number first and then access the SAM online registration through the SAM home page at <https://www.sam.gov/portal/public/SAM?> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your SAM registration will take 3-5 business days to process.

<b>APPROVED FOR SUBRECIPIENT</b>	
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. <b>Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.</b>	
Signature of Subrecipient's Authorized Official	Legal Name of Subrecipient's Organization/Institution
Name and Title of Authorized Official	Address
Email	City, State, Zip
Phone	Federal Employer Identification Number (EIN)
Date	DUNS or DUNS+4 number
	Subrecipient's Congressional District
Is Subrecipient owned or controlled by a parent entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide the following:	
Parent Entity Legal Name:	_____
Parent Entity Address, City, State, Zip:	_____
Parent Entity Congressional District:	_____
Parent Entity DUNS:	_____
Parent Entity EIN:	_____