

## SUBRECIPIENT COMMITMENT FORM

Please complete the following questions and statements to determine if a formal subrecipient partnership can be established between your organization and NMHU. Any organization planning to enter into a collaborative subrecipient relationship with NMHU must complete this form at the proposal stage as required by the *Federal Uniform Guidance §200.331*. This form will be considered valid for one year from the date of signature by your organization's Authorized Official.

SUBRECIPIENT INFORMATION			
Subrecipient PI Name:			
Phone:		Email:	
Subrecipient Legal Name (Must match with DUNS #):			
Subrecipient "Award" Address:		City:	State:
Subrecipient's Organization Duns #			
Subrecipient's Organization EIN #:			
Subrecipient's Congressional District:			
Subrecipient's Performance Address (if different from parent organization)			
Address:		City:	State:
NMHU PI Name:			
Prime Sponsor:			
Federal Program Title:		CFDA/NSF#	
Project/Program Title:		Federal Award ID#	
NMHU Performance Period ( <i>month/day/year</i> )		From:	To:
Proposed Surecipient Period of Performance ( <i>month/day/year</i> )		From:	To:
Subrecipient's Total Funds Requested: \$			

<b>Yes</b>	<b>No</b>	Is this award for Research and Development?
<b>Yes</b>	<b>No</b>	Will this award require new personnel or new or substantially changed systems?
<b>Yes</b>	<b>No</b>	Subrecipient's organization is registered in SAM
		If Yes, list SAM Expiration Date:
		No? SAM registration is mandatory. Registration website: <a href="http://www.sam.gov/">http://www.sam.gov/</a>

**Please answer the following questions in this section BEFORE completing the rest of this form**

DEBARMENT AND SUSPENSION		
Is the PI or any other project employee or student participant debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance program activities? ( <i>Check One</i> )		<b>Yes</b>
If "Yes", Explain in the Comments section of this document.		<b>No</b>
The Subrecipient certifies the following statements:		
<b>Yes</b>	<b>No</b>	Presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
<b>Yes</b>	<b>No</b>	Presently indicted for, or otherwise criminally or civilly charged by a government entity.
Within the last three (3) years preceding this offer, the Subrecipient further certifies the following statements:		
<b>Yes</b>	<b>No</b>	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;
<b>Yes</b>	<b>No</b>	Violated Federal or State antitrust statues relating to the submission offers; or
<b>Yes</b>	<b>No</b>	Charged with commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
<b>Yes</b>	<b>No</b>	Had one or more contracts terminated for default by any federally agency.

**If you answered "Yes" to the above question or statements, NMHU may not be able to establish a subagreement with your organization if excluded from the Federal System for Award Management (SAM). Please contact your NMHU PI before further completing the remaining sections of this form.**

Provider: NMHU's Office of Research and Sponsored Projects

Originated: September, 2007 (modified with permission from Stanford University) (Sec03) Updated: November 3, 2014; Version 2-November 23, 2015

## PROPOSAL DOCUMENTS

Check all documents attached to this form with submission.	
	Statement of Work with specific role of subrecipient, deliverables and milestones within the NMHU project <b>(REQUIRED)</b>
	Budget, Appropriate Budget Justification, and Prior Written Approval if applicable <b>(REQUIRED)</b>
	Cost Price Analysis <b>(REQUIRED)</b> for budgets or projects with total costs of \$100,000 or more)
	Subrecipient Commitment Form <b>(REQUIRED)</b> by Subrecipient Authorized Official)
	Prior Experience with Same or Similar Project or Subaward <b>(REQUIRED)</b>
	Small/Small Disadvantaged and Business Subcontracting Plan, in agency-required format
	Biosketches and Other Support of all Key Personnel, in agency-required format
	Other Documents Relevant to Project:

## CERTIFICATIONS

<b>1. Facilities and Administrative Rates</b> <i>(Check type of calculation used in proposal below)</i>	
	Federally-negotiated F&A (indirect cost) rate for this project/research or a reduced F&A rate that we hereby agree to accept. <i>(If you checked this box, please attach a copy of your F &amp; A rate agreement or provide a URL link to the agreement.)</i>
	My organization will use the Sponsor's published limited F&A (indirect cost) cap
	My organization is not requesting any F&A (Indirect costs)
	Other Rate <i>(Please list F&amp;A indirect cost rate and specify the basis on which the rate has been calculated in the Comments section of this form.)</i>

<b>2. Fringe Benefit Rates</b> <i>(Check type of calculation used in proposal)</i>	
	Rates consistent with or lower than our federally-negotiated rates. <i>(If you checked this box, please attach a copy of your FB agreement or provide a URL link to the agreement.)</i>
	Other rates <i>(Please specify the basis on which the rate has been calculated in the Comments section of this form.)</i>
	Not applicable

<b>3. Small Business Concern as defined in 13 CFR 124.1002</b>	<b>Yes</b>	<b>No</b>	
<i>(If you checked "Yes", please identify your type of small business below.)</i>			
	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		
	Minority Institution		
	Other small business concern <i>(Please describe.)</i>		

<b>4. Human Subjects (includes surveys, interviews, observations or secondary data)</b>	<b>Yes</b>		<b>No</b>	
a. If you check "Yes", copies of the IRB approval and approved "Informed Consent" must be provided before any subaward will be issued. Please forward these documents to NMHU's PI as soon as they become available. In accordance with NMHU's policy, NMHU's IRB is required to conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.				
b. If yes, provide your organization's OHRP approved FWA#:				
c. If you checked "Yes", have all key personnel involved completed Human Subjects or Human Resesarch Training? Training required at <a href="http://grants.nih.gov/grants/policy/hs_educ_faq.htm">http://grants.nih.gov/grants/policy/hs_educ_faq.htm</a>				
	<b>Yes</b>		<b>No</b>	

<b>5. Animal Subjects</b>	<b>Yes</b>	<b>No</b>	
<i>(If you circled "Yes", copies of the IACUC approval must be provided before any subaward will be issued. Please forward these documents to NMHU's PI as soon as they become available. In accordance with NMHU's policy, NMHU's IACUC is required to conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.)</i>			

<b>6. Committed Cost Sharing/Matching/InKind</b>	<b>Yes</b>	<b>No</b>	
<i>(Cost sharing/matching/InKind amounts and justification must be included in the subrecipient's budget with a budget justification)</i>			

<b>7. Financial Conflict of Interest</b>			
Note: As of August 24, 2012, the Public Health Service (PHS) Financial Conflict of Interest (FCOI) policy is separate from the that of the National Science Foundation (NSF) policy. Pleas respond to the appropriate policies below.			
<b>NIH (or other sponsors that have adopted the PHS financial disclosure requirements) only</b>			
	Not applicable because this project is not being funded by PHS or any other sponsor that has adopted the federal financial disclosure requirements (e.g., NSF)		
	Subrecipient does not have an active and/or reinforced conflict of interest policy and agrees to abide by NMHU's policy as specified in NMHU's Research Handbook, Section 9. <u>Note:</u> By signing this document the Subrecipient certifies that the required online training will be completed by each investigator prior to engaging in any research related to any PHS funded contract or grant.		
	Subrecipient does not have an active and/or reinforced conflict of interest policy, but will have a PHS (e.g., NIH,CDC, AHRQ) compliant policy in place and published at the time of award ( a sample Federal Demonstration Partnership COI policy is available at <a href="http://sites.nationalacademies.org/PGA/fdp/PGA_061001">http://sites.nationalacademies.org/PGA/fdp/PGA_061001</a> ).		
	Subrecipient Organization/Institution certifies that is has an active and enforced conflict of interest policy that is consistent with the provision of <i>42 CFR Part 50, Subpart F: Promoting Objectivity in Research</i> . Subrecipient also certifies that, to the best of Institution's knowledge: (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement and required by its conflict to 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 Financial Conflict of Interest (FCOI) reporting.		
<b>NSF (or other sponsors that have adopted the NSF financial disclosure requirements) only</b>			
	Not applicable because this project is not being funded by NSF.		
	Subrecipient certifies that it has an active and enforced NSF-compliant Conflict of Interest policy and will rely on this policy and associaed procedures to comply with NSF Conflict of Interest policy.		
	Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by and follow NMHU's policy including all financial interest disclosure and management processes. NMHU's policy can bt found in NMHU's Research Handbook.		

<b>9. Affirmative Action Compliance</b>			
Indicate below whether your organization has a written affrimative action program. In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2, you are required to have a written affirmative action program if your organization has more than 50 employees and subaward will be for \$50,000 or more.			
	Yes! We have a written affirmative action program developed and on file.		
	No! We do not have a written affrimative action program.		
	Not Applicable! We have less than 50 employees or anticipate subaward amount less than \$50,000.		
	Other (Please describe)		

<b>10. Fiscal Responsibility</b>			
Subrecipient certifies that its financial system: (check all that apply):			
	is in accordance with the generally accepted accounting principles.		
	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.		
	complies with applicable laws and regulations.		
	can prepare appropriate financial statements, including the schedules 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,		

## AUDIT and FINANCIAL STATUS

Audit Status (Check all that are appropriate)			
1. Subrecipient's organization receives an annual audit in accordance with the <i>Federal Uniform Grant Guidance(FUG), Subpart F—Audit Requirements</i> (formerly A-133).	Yes	No	
2. Were any deficiencies, material weaknesses, questioned costs reported in the audit findings? <i>If you checked "Yes", explain in the Comments section below)</i>	Yes	No	
Date of most recent fiscal year completed: FY _____.			
If you marked yes to question #1 above, please attach a complete copy of your audit report or provide the URL link to the complete copy.			
If you marked no to question #1 above, please indicate below why your organization is not subject to th FUG requirement			
1. My organization is a nonprofit that expended less than \$750,00 in U.S. federal funds during the last fiscal year			
2. My organization is a foreign entity.			
3. My organization is a for-profit entity			
4. My organization is a U.S. government entity.			
<p><b>Please complete NMHU's Audit Certification and Financial Status Questionnaire.</b>  <b>A limited scope audit may be required before a subaward will be issued.</b></p>			

**Comments** (Use addition sheets of paper if needed to complete comments.)

**SUBRECIPIENT AUTHORIZED OFFICIAL**

The information, certifications and representations in this document have been read, signed 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.

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

Printed Name of Authorized Official	Title of Authorized Official		
Signature of Subrecipient's Authorized Official:	Date (Month/Day/Year)		
Phone:	Email:		
<b>Is Subrecipient owned or controlled by a parent entity. If "Yes", please provide the following information:</b>	<b>Yes</b>	<b>No</b>	
Parent Entity Legal Name:			
Parent Entity Address, City, State, Zip:			
Parent Congressional District:			
Parent Entity DUNS:			
Parent entity EIN:			