

Subrecipient Commitment Form

Subrecipient: _____	Subrecipient's PI: _____
NMHU's PI: _____	Prime sponsor: _____
NMHU's proposal title: _____	
Performance period: Beginning date: _____ Ending date: _____	

Proposal Documentation

The following documents are included in our proposal submission and covered by the applicable certifications listed below.

- ☐ Statement of work (required)
- ☐ Budget and budget justification (required)
- ☐ Small/small disadvantaged and business subcontracting plan, in agency-required format
- ☐ Biosketches and other support of all key personnel, in agency-required format
- ☐ _____

Certifications

1. Facilities and Administrative Rates *(Check type of calculation used in proposal below)*

- ☐ Federally-negotiated F & A rate
(If you checked this box, 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 the comments section of this form.)*

2. Fringe Benefit Rates *(Check type of calculation used in proposal)*

- ☐ Rates consistent with or lower than our federally-negotiated rates.
(If you checked this box, please attach a copy of your FB agreement or provide a URL link to the agreement.)
- ☐ Other rates *(Please specify the basis on which the rate has been calculated in the comments section of this form.)*

Yes No 3. Small Business Concern? *(If you circled "Yes", please identify your type of small business below.)*

Subrecipient is a small business concern as defined in 13 CFR 124.1002.

- ☐ 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
- ☐ Other small business concern *(Please list.)*

Yes No 4. Human Subjects?

(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.)

Yes No If you circled "Yes" to number 4 above, have all key personnel involved completed Human Subjects Training?

Yes No 5. Animal Subjects?

(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.)

Yes No 6. Cost Sharing? *(Circle "yes" or "no")*

(Cost sharing amounts and justification should be included in the subrecipient's budget.)

7. Conflict of Interest *(Check appropriate item below)*

- ☐ a. 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". 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 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.
- ☐ b. 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*.

Audit Status**8. Audit Status**

- ☐ Subrecipient receives an annual audit in accordance with OMB Circular A-133.
Most recent fiscal year completed: FY _____.

Yes No Were any audit findings reported? *If you circled "yes", explain in the comments section below)*

Yes No Subrecipient receives an annual audit in accordance with OMB Circular A-133?

Type of Subrecipient *(Check all applicable entity types below)*

- ☐ Non-Profit entity (under federal threshold)
☐ Foreign entity
☐ For profit entity
☐ Government entity

**Please complete NMHU's *Audit Certification and Financial Status Questionnaire*.
A limited scope audit may be required before a subaward will be issued.**

Comments**Approved for Subrecipient**

The information, certification and representation above 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.

(Signature of Subrecipient's Authorized Official)

(Address)

(Type or print name and title of Authorized Official)

(City, State, Zip)

(Name and EIN of Subrecipient Organization/Institution)

(Phone)

(Fax)

(Date)

(E-mail)