



SUBRECIPIENT COMMITMENT FORM

All subrecipients must complete this form when submitting a proposal to KSU. A checklist of documents and certifications required by sponsors is provided. This form must be endorsed by the Subrecipient's Authorized Official.

A. PRIME PROPOSAL INFORMATION

Sponsor: _____ FOA: _____
 KSU PI: _____
 Proposal Title: _____

B. SUBRECIPIENT INFORMATION

Subrecipient Organization's Legal Name: _____ Address: _____ _____ DUNS: _____ EIN: _____ Project Location (If different from Subrecipient Address): _____		Subrecipient PI: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____
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C. PROPOSAL DOCUMENTS

1. Statement of Work **(REQUIRED)**
2. Budget **(REQUIRED)** (Total amount requested: _____)
3. Budget Justification **(REQUIRED)**
4. Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposal over \$650,000)
5. Biosketches, in agency-required format
6. Current and Pending 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 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 a URL link to the agreement: URL _____)
 - Other rates (please specify the basis): _____
 - 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 the basis): _____
 - Other rates (Please specify the basis): _____

3. **Cost Sharing**
 - Yes No
 - If **Yes**, Amount: _____ (cost sharing 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, please note that a subaward will not be issued until a copy of the most recent protocol approval letter has been provided.*If **YES** and NIH funding is involved: Yes No Have all key personnel involved completed human subjects training?**Note: All key personnel engaged in 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, please note that a subaward will not be issued until a copy of the most recent protocol approval letter has been provided.*

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.Is your organization/institution AAALAC accredited? Yes AAALAC #: _____ No**6. Responsible Conduct of Research (RCR) (for NSF-funded projects only)** Yes No My organization 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. Yes No My organization 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.**7. Lobbying (for U.S. federal projects only)** Yes No My organization certifies that no payment 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.)**8. Conflict of Interest (COI)** Not applicable because this project is not being funded by OHS, NSF, or and other sponsor that has adopted these federal financial disclosure requirements.**For NSF (or Sponsors following NSF):** Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of NSF Award & Administration Guide Chapter IV.A. Subrecipient does not have an active and/or enforced COI policy and hereby agrees to abide by KSU's policy. See <http://kennesaw.edu/research/compliance/policies/coi.html> for KSU's policy.**For PHS (or Sponsors following PHS):**

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 <http://kennesaw.edu/research/compliance/policies/phs.html> 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: _____

The organization/institution certifies that they (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 criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation or 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, regulation 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 OMB Circular A-133?

If NO, please indicate why your organization is not subject to A-133 audit requirements:

- My organization is a non-profit that expended less than \$500,000 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 A-133 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 URL: _____)

- Yes No Has your organization's A-133 audit been completed for the most recent fiscal year?
- Yes No Were there any findings or exceptions that would impact contract costs? If **YES**, attach an explanation.

12. For-Profit Organizations (only)

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. AUTHORIZED REPRESENTATIVE APPROVAL

APPROVED FOR SUBRECIPIENT

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. **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: _____

OR Internal Use:

Proposal Deadline: _____

Date of Receipt: _____

Award #: _____