



# SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to California State University Long Beach ("CSULB"). This form provides a checklist of documents and certifications required by sponsors and it must be endorsed by the authorized institutional representative prior to proposal submission.

## SECTION A - Eligibility

Please answer the following questions BEFORE completing this form.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your organization presently debarred, suspended, and proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

**\*If "YES;" to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the CSULB Principal Investigator (PI) as soon as possible.**

## SECTION B - Subrecipient Requirements and Responsibilities

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor (2 CFR 200.23). The following chart outlines the differences. Please check all that apply.

### SUBRECIPIENT

- Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program
- Will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of CSULB
- Is responsible for adhering to applicable program requirements specified in the prime award
- There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions

### CONTRACTOR

- Provides goods or services that are ancillary to the operation of the program identified in the prime award
- Provides the goods or services purchased with the funds within normal business operations
- Provides similar goods or services to many different purchasers
- Is not subject to the compliance requirements of the program as a result of the agreement with CSULB
- Normally operates in a competitive environment

<input type="checkbox"/> Yes	<input type="checkbox"/> No	For the purpose of this proposal, my organization is properly categorized as a subrecipient as described above. <b>*If "No," STOP here. This form is not applicable. Do not continue completing this form. Please contact the CSULB PI about procuring your organization's products and services as a contractor.</b>  *If "Yes," continue completing entire form.
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## SECTION C – Subrecipient Information

<b>Subrecipient's Legal Name:</b>
<b>Subrecipient's PI:</b>
<b>CSULB's PI:</b>
<b>CSULB's Prime Sponsor:</b>
<b>CSULB's Proposal Title:</b>

<b>Subrecipient's Total Funds Requested:</b>
<b>Performance Period Begin Date:</b>
<b>End:</b>

## SECTION D – Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below:

<input type="checkbox"/>	<b>STATEMENT OF WORK</b> (required)
<input type="checkbox"/>	<b>BUDGET</b> (required)
<input type="checkbox"/>	<b>BUDGET JUSTIFICATION</b> (required)
<input type="checkbox"/>	<b>SUBRECIPIENT COMMITMENT FORM</b> (this form)
<input type="checkbox"/>	<b>BIOSKETCH</b> (if required and for Key Personnel in agency-related format (if required by sponsoring agency))
<input type="checkbox"/>	<b>OTHER:</b>

## SECTION E - Certifications

**1. Facilities & Administrative Rates included in this proposal have been calculated based on the following:**

- Our federally negotiated F&A rate for this type of work. If this box is checked, a copy of your F&A rate agreement must be furnished to CSULB via hard copy, website, or email before a subaward will be issued.
- No federal negotiated rate and we hereby agree to accept the 10% de minimis MTDC rate as a Subrecipient.
- A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept.

Rate:	Base:
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- Other rates (please specify basis/rationale in Section H).

Rate:	Base:
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- Not applicable (no indirect costs are requested by Subrecipient). If this box is checked, please specify rationale in Section H.

**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, a copy of your Fringe Benefit rate agreement must be furnished to CSULB before a subaward will be issued).
- Other rates (please specify the basis on which the rate has been calculated in Section H).

**3. Human Subjects:**

- Yes  No

If Yes and NIH funding is involved, have all key personnel involved completed Human Subjects Training?  Yes  No

\*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 CSULB's ORSP as soon as approval is issued/becomes available.

**Note:** All key personnel engaged in human subject research must take the NIH human subjects training or human subject research training ([http://grants.nih.gov/grants/policy/hs\\_educ\\_faq.htm](http://grants.nih.gov/grants/policy/hs_educ_faq.htm))

**4. Animal Subjects:**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	*If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward these documents to CSULB's ORSP as soon as approval is issued/becomes available.
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**5. Are there any other "Restricted Research" activities being performed for this project? (Example: Biohazard, Radioactive Materials, Recombinant DNA, etc.)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	*If Yes, copies of any applicable approvals must be provided before any subaward will be issued. Please forward these documents to CSULB's ORSP as soon as approval is issued/becomes available.
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**6. Conflict of Interest**

Not applicable because this project is not being funded by NSF or any other program requiring financial disclosure ([skip to 8](#)).

a) **Conflict of Interest applicable to NSF, NSF Flow-through or any other program (except PHS/NIH) requiring federal financial disclosure:**

Subrecipient Organization/Institution hereby 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.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by CSULB's policy and related procedures. See CSULB FCOI policy <http://www2.csulb.edu/divisions/aa/research/forms/>

b) **Conflict of Interest for Public Health Service** (applicable to projects funded by PHS/NIH, or other programs requiring disclosure under PHS rules)

My organization **DOES HAVE** a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with the PHS Conflict of Interest regulation.

Yes, we are registered as an organization with a PHS-compliant FCOI policy with the [FDP Clearinghouse](#).

My organization **DOES NOT HAVE** a PHS-compliant Financial Conflict of Interest (FCOI) policy. My organization will follow the Conflict of Interest policy established and enforced by the California State University Long Beach.

**7. List the name(s) of individual(s) working on this project that is/are responsible for the design, conduct, or reporting of the research.**

See: [CSULB Conflict of Interest policy](#) and [PHS Financial Disclosure form](#).

**Attach PHS Disclosure of Financial Conflict of Interest Form for each individual named below.**

Subrecipient PI Name:

Investigator/Key Personnel:

Investigator/Key Personnel:

Investigator/Key Personnel:

Investigator/Key Personnel:

**8. Cost Sharing:**

Yes  No

Amount: \$

a) If **YES**, explanation of Cost Sharing sources *must* be included in the subrecipient's Budget and Budget Justification. Please note that an annual verification of cost share commitment will be required.

b) If **YES** and federal funding is involved, cost sharing commitment must be in accordance with 2 CRF 200.306.

**9. Additional Debarment and Suspension Information (check as applicable):**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? (If "Yes," attach explanation.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If "Yes," attach explanation.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? (If "Yes," attach explanation.)

**10. Lobbying (for U.S. federal projects only):**

<input type="checkbox"/> Yes	<input type="checkbox"/> 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," attach explanation.)
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**11. Responsible Conduct of Research (RCR) (for NSF-Funded projects only)**

Not applicable because this project is not being funded by NSF.

a.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
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b.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
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**12. Affirmative Action Compliance**

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than 50 employees and subaward will be for \$50,000 or more, you are required to have a written affirmative action program. Indicate whether your organization has a written affirmative action program:

- Yes, we have a written affirmative action program developed and on file.
- No, we do not have a written affirmative action program.
- Not applicable, as we have less than 50 employees or anticipate subaward amount less than \$50,000.
- OTHER:

**13. Mandatory Disclosures**

Subrecipient certifies it has and will disclose to CSULB all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award for disclosure to federal awarding agency or pass-through entity. See [§200.113](#) for more details

**14. Is the subrecipient a for-profit entity?**

Yes  No

**15. For-Profit Organizations (only):**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.
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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 HUB
- Zone small business concern
- OTHER:

**SECTION F – Audit Status**

**Single Audit (A-133) and Financial Status**

We have completed our A-133/Single Audit for fiscal year ending . The Single Audit Report disclosed no material weaknesses, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are no unresolved prior year findings related to any subaward(s) from CSULB.

We have completed our A-133/Single Audit for fiscal year ending . The Single Audit Report noted material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings related to subaward(s) from CSULB. The corrective action plan is included in the audit link above. Page number(s) for relevant finding(s) are:

Our A-133/Single Audit for fiscal year ending is not anticipated to be complete until . Within thirty days of completion, we will provide written notification of the results along with any required documentation.

\*If applicable, provide the Single (A-133) Audit Report URL:

We **are not subject** to the provisions of 2 CFR 200 because our organization:

Expends less than \$750,000 in federal awards annually

Is a non-U.S. entity

Is a for-profit entity

Other:

**Note:** Your organization will be required to confirm that it still is not subject to Uniform Guidance audit requirements and fill out a mini-audit questionnaire prior to the establishment of a subagreement.

**SECTION G – Federal Funding Accountability and Transparency Act (FFATA)**

**1. Location of Subrecipient (Name, Address, City, State, Zip + 4 (required), Congressional District, and Country):**

**NOTE:** If primary place of performance is different than location of Subrecipient, provide location of where the project will be performed (Name, Address, City, State, Zip +4, Congressional District, and Country):

**2. UEI # of Subrecipient receiving award:**

**3. Is Subrecipient owned or controlled by a parent entity?**

Yes  No

**NOTE:** If yes, please provide the Name, UEI Number, and Location (Address, City, State, Zip + 4, Congressional District, and Country) of parent entity:

**4. Subrecipient currently registered in System for Award Management (SAM)?**

Yes

**EXPIRATION DATE:**

**(update information if within 60 days of expiration)**

No

**Note: SAM registration is mandatory. Registration website: <http://www.sam.gov/>**

**5. Exempt from reporting compensation:**

Yes  No

\*If no, proceed with filling out the top 5 paid officers below:

Executive compensation information for the Subrecipient must be reported if: More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually; compensation information is not already available through reporting to the Securities & Exchange Commission (SEC).

Officer 1: Name	Compensation:
Officer 2: Name	Compensation:
Officer 3: Name	Compensation:
Officer 4: Name	Compensation:
Officer 5: Name	Compensation:

**SECTION H – Comments (please attach additional pages if necessary)**

**SECTION I - 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. In addition, 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 Institutional Representative:**

**Date:**

**Name of Authorized Institutional Representative:**

**Title of Authorized Institutional Representative:**

**Address:**

**City, State, Zip + 4:**

**Telephone Number:**

**Fax Number:**

**Email Address:**