

SKIDMORE

C O L L E G E

SUBRECIPIENT COMMITMENT FORM

SUBRECIPIENT CONTACT INFORMATION	
Institution Legal Name:	
Address:	
Congressional District:	
FEIN (not applicable for foreign institutions):	
DUNS:	SAM Registration is current: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Institution Name (if applicable):	
PI Name:	
PI Dept:	
PI Email:	
Authorized Official:	
Title:	
Address:	
Phone:	
Fax:	
Email:	

PROPOSAL INFORMATION	
Sponsor:	RFA/RFP/PAR #:
Submitted Proposal Title:	
Requested Subrecipient Amount:	
Performance Period Begin Date:	Performance Period End Date:

SUBRECIPIENT INSTITUTIONAL OFFICIAL APPROVAL
<p><i>The information, certifications, and representations have been read, signed, and made by an authorized institutional official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of sponsor 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 Institutional Animal Care and Use Committee review and approval. The Subrecipient has reviewed the solicitation or funding announcement to verify Subrecipient ability to comply with prime sponsor's requirements.</i></p> <p>Institutional Official's Signature: _____ Date: _____</p> <p>Print Name: _____ Title: _____</p>

SECTION A – Proposal Checklist and Documents

- ☐ **Statement of Work** (*attachment required*)
- ☐ **Budget and Budget Justification** (*attachment required*)
- ☐ **Cost Sharing:** If cost sharing is proposed, please attach cost share documentation/commitment letter and provide cost share amount: \$
- ☐ **Major Project Status:** If applicable, please provide justification of major project status for federal projects on the Budget Justification.
- ☐ **Other:**

SECTION B – Subrecipient Eligibility

1. Debarment, Suspension, Proposed Debarment

The Subrecipient organization certifies that it or any of its personnel on this project:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> are | <input type="checkbox"/> are not | presently debarred, suspended, proposed for debarment, or otherwise excluded from or ineligible for participation in federal assistance programs, contracts, or activities. |
| <input type="checkbox"/> are | <input type="checkbox"/> are not | 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." |
| <input type="checkbox"/> are | <input type="checkbox"/> are not | presently indicted for, or otherwise criminally or civilly charged by a government entity. |
| <input type="checkbox"/> have | <input type="checkbox"/> have not | within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. |
| <input type="checkbox"/> have | <input type="checkbox"/> 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 or 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. |

If any of the above are answered in the affirmative, please explain:

2. Government Entity ☐ Yes ☐ No

3. Foreign Entity ☐ Yes ☐ No

If **Yes**, list country/countries:

4. For-Profit/Commercial Entity ☐ Yes ☐ No

If **No**, proceed to **next Section**.

If **Subrecipient is a for-profit or commercial entity**, will the goods and/or services provided under this transaction be comparable to the goods and/or services provided to other customers during the course of normal business operations?

☐ **Yes** – Proceed to **Subrecipient Business Status**.

☐ **No** – Please describe how these goods and/or services will differ from those offered to other customers and any potential role as an inventor: _____

Subrecipient Business Status:

☐ Large business

☐ Alaska Native Corporation (ANC) (43USC 1601)

☐ Small Business

☐ Historic Black College or University/Minority Institution

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

☐ HUBZone small business*

☐ Small Disadvantaged Business (SDB)* (8a)*

☐ Women-owned small business (WOSB)

☐ Service-disabled veteran-owned business (SDVOSB)

☐ Veteran-owned small business (VOSB)

SECTION C – Budget and Rates

1. Facilities and Administrative (F&A) Rates included in this proposal have been calculated based on:

☐ Our federally negotiated F&A rates for this type of work.

Insert link to F&A Rate Agreement: _____

☐ Specific solicitation guidance/agency requirements (*attach documentation*).

☐ Defense Contract Audit Agency (DCAA) approved (*attach documentation*).

☐ Other: _____

Please explain: _____

2. Fringe-Benefit (FB) Rates included in this proposal have been calculated based on the following:

☐ Rates are consistent with or lower than our federally negotiated rates.

Insert link to FB Rate Agreement: _____

☐ Based on actual rates (*attach documentation*).

☐ Other: _____

Please explain: _____

3. Actual Costs ☐ Yes ☐ No

Are the labor and related direct cost rates in the budget based on actual exact costs?

SECTION D - Audit Status

Annual Audit ☐ Yes ☐ No

Does the Subrecipient receive an annual audit in accordance with OMB Circular A-81?

If Yes:

(A) Year of most recent audit: _____

(B) ☐ Yes ☐ No Were any audit findings reported?

If Yes, please explain in **Section F** below.

(C) Provide the Subrecipient's most recent audit

report: ☐ Attached ☐ URL Link: _____

If No:

(A) ☐ Yes ☐ No Does the Subrecipient receive overall federal funding of at least \$750,000 per year?

(B) ☐ Yes ☐ No Does your organization have its financial statements reviewed by an independent public accounting firm, receive a DCAA audit, or have any similar type of audit or review? If Yes, *attach a copy*.

SECTION E – Research Compliance

1. Human Subjects ☐ Yes ☐ No

If **Yes**, Indicate the status of IRB Review:

☐ **Approved**

☐ **Pending**

☐ **Exempt**

Approval Date:	Expiration Date:
IRB Number*:	
Federal Wide Assurance (FWA) Number:	
Comments:	

**A copy of the IRB approval is to be provided before a subaward will be issued. If Human Subjects are involved, and you do not have an Institutional Review Board or a Federal Wide Assurance Number, please provide an explanation in the above Comments field.*

2. Animal Subjects ☐ Yes ☐ No

If **Yes**, Indicate the status of IACUC Review:

☐ **Approved**

☐ **Pending**

Approval Date:	Expiration Date:
IACUC Number*:	
PHS Animal Welfare Assurance number:	
Is your organization/institution AAALAC accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AAALAC number:	
Comments:	

**A copy of the IACUC approval is to be provided before a subaward will be issued. If Animal Subjects are involved, and you do not have an IACUC Institutional Review Board or are not AAALAC Accredited, please provide an explanation in the above Comments field.*

3. Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws?

☐ Yes ☐ No ☐ Unknown at this time

4. Responsible Conduct of Research (RCR) applicable to NSF and NIH

☐ Not applicable, as this project is not funded by NSF or NIH, or it is a non-educational institution

☐ By checking this box, Subrecipient certifies, if applicable, that it maintains 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. Subrecipient 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 training requirements.

☐ By checking this box, Subrecipient certifies, if applicable, that for NIH Grants for Training and Fellowship awards, that Subrecipient will monitor and maintain records for the individual training plans as proposed by Subrecipient, in accordance with NIH's RCR training requirements.

5. Financial Conflict of Interest (applicable to PHS agencies (e.g., NIH, CDC, HRSA, etc.), NSF, and any other sponsor that has adopted the federal financial disclosure requirements. Click this link for a list of entities that have adopted the [PHS FCOI policy](#).

- ☐ **Not applicable** - FCOI does not apply to this subaward.
- ☐ **Subrecipient policy** - 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, as 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 expenditure of any funds under any resulting agreement.
- NOTE: Prior to receipt of award, the Subrecipient Institution must certify PHS-compliant FCOI training for all Investigators, and must report all financial conflicts and related management plan to Skidmore College.
- ☐ **Skidmore policy** - Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by Skidmore College's policy.

6. Federal Funding Accountability and Transparency Act (FFATA)

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 Security & Exchange Commission (SEC).

OFFICER 1	Name:	Compensation:	\$
OFFICER 2	Name:	Compensation:	\$
OFFICER 3	Name:	Compensation:	\$
OFFICER 4	Name:	Compensation:	\$
OFFICER 5	Name:	Compensation:	\$

7. Lobbying

- ☐ Yes 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.)
- ☐ No

SECTION F – Comments