



DIVISION OF
**Research and
Economic Development**

EAST TEXAS A&M

SUBRECIPIENT COMMITMENT FORM

All subrecipients are required to complete this form and return it to the ETAMU Proposal Contact person listed below.

SECTION A PROPOSAL INFORMATION

Subrecipient Legal Name: _____

Subrecipient Principal
Investigator

Name: _____

Address: _____

City: _____ State: _____

Zip + 4: _____

Phone: _____

Fax: _____

Email: _____

Subrecipient Sponsored Programs
Contact

Name: _____

Address: _____

City: _____ State: _____

Zip + 4: _____

Phone: _____

Fax: _____

Email: _____

Subrecipient Total Funds Requested: _____

Subrecipient Period of Performance:

Start: _____

End: _____

Principal Investigator Contact:

Name: _____

Phone: _____

Email: _____

Proposal Contact:

Name: _____

Phone: _____

Email: _____

Proposal Title: _____

Prime Sponsor: _____

SECTION B – REQUIRED PROPOSAL DOCUMENTS

Please include the following documents in the subrecipient proposal submission:

- ☐ **STATEMENT OF WORK** (required)
- ☐ **BUDGET AND BUDGET JUSTIFICATION** (if Grants.gov, 424R&R Subaward budget form required)
- ☐ **SUBRECIPIENT COMMITMENT FORM** (this form) completed and signed by subrecipient Authorized Organizational Representative (required)
- ☐ **OTHER**
 - **Facilities & Administrative Rates included in this proposal have been calculated based on:**
 - ☐ 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)
 - ☐ Other rates (please specify the basis on which the rate has been calculated in Section E below)
 - **Fringe Benefits (FB) 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, please attach a copy of your FB Rate Agreement)
 - ☐ Other Rates (Please specify the basis on which these rates have been calculated in Section E below)

SECTION C – SPECIAL REVIEW AND CERTIFICATIONS (check all that apply)

1. **Human Subjects** ☐ Yes ☐ No
If Yes, copies of the IRB approval and approved "Informed Consent" form must be provided before any subrecipient agreement can be issued. Please return the IRB approval and Informed Consent form as an attachment to this form. If pending, please forward these documents to the Research Compliance Coordinator as soon as they become available. Please indicate the Principal Investigator's name and subrecipient number for reference.
2. **Animal Subjects** ☐ Yes ☐ No
If Yes, a copy of the IACUC approval must be provided before any subrecipient agreement will be issued.
3. **Recombinant DNA and Transgenic Organisms** ☐ Yes ☐ No
If Yes, a copy of the Institutional Biosafety Committee (IBC) approval must be provided before the subrecipient agreement will be issued.
4. **Cost –sharing** ☐ Yes ☐ No **Amount:** _____
(Cost-sharing amounts if applicable, explanation of sources should be included in the subrecipient's budget. Please note that an annual verification of cost-share commitment will be required.)

By signing below, the authorized official of the Subrecipient certifies, to the best of his/her knowledge and belief, that:

5. **Certification Regarding Lobbying**
 - 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
 - 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending 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 Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the The East Texas A&M University Division of Research & Economic Development.
6. **Debarment, Suspension, and Other Responsibility Matters**
 - 1) Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 2) Subrecipient certifies that it is not delinquent on any Federal debt.

7. **2011 Public Health Service (PHS) Regulations: Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought** ([42 C.F.R. Part 50, Subpart F](#))

Please note that this is a required certification at the time of the proposal and if this is not provided by the subrecipient they will not be included on the prime proposal.

If the proposed PHS application is awarded, the subrecipient agrees to: **(check one of the two boxes below).**

- ☐ Enter into a subrecipient agreement with East Texas A&M that includes TAMUS regulations (see: [15.01.03 Financial Conflict of Interest in Research](#), which applies the requirement to all sponsored research) and citation to federal law ([42 C.F.R. Part 50, Subpart F](#)) or;
- ☐ Enter into a subrecipient agreement with East Texas A&M that certifies subrecipient's policy complies with federal law ([42 C.F.R. Part 50, Subpart F](#)). **NOTE: All subrecipient applicants for PHS funds must be in compliance at the time of the application submission.**

8. **Conflict of Interest**

☐ **Not applicable because this project is not research**

1) **Mandatory for all PHS sponsored research projects**

- ☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of Texas A&M System Policy [15.01.03 Financial Conflict of Interest in Research](#). Subrecipient also certifies that, to the best of the 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 and funds under any resultant agreement.
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to implement a policy that meets the requirements of the Texas A&M System Policy [15.01.03 Financial Conflict of Interest in Research](#).
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and will comply with the Texas A&M System Policy [15.01.03 Financial Conflict of Interest in Research](#).

2) **For NSF**

- ☐ Subrecipient certifies it is in compliance with the requirement to maintain a written and enforced policy on conflict of interest and complies with Chapter IV.A of the NSF award and Administration guide January 2011.

9. **Responsible Conduct in Research (RCR) (applicable to NSF and NIH)**

- ☐ Not applicable, as this project is not funded by NSF or NIH.
- ☐ Not applicable, 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.

SECTION D – INSTITUTIONAL INFORMATION AND AUDIT INFORMATION

1. DUNS Number of Subrecipient receiving award: _____
2. EIN of Subrecipient receiving award: _____
3. Congressional Districts : _____ 4. SAM Unique Entity ID Number: _____

A-133 Audit Status

Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133? ____ YES ____ NO

If "Yes": Has the audit been completed for the most recent fiscal year? ____ YES ____ NO
Were any audit findings reported? ____ YES ____ NO (If "Yes," explain in Section F, *Comments*, below.)

If "Yes": Please submit a copy of your institution's most recent audit report, or the Internet URL link to a complete copy.

If "No":

Does the Subrecipient receive overall federal funding of at least \$500,000 per year? ☐ YES ☐ NO

Is the Subrecipient a:

☐ Non-profit entity expending less than \$500,000 per year in Federal or Sub-Federal funds annually

☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rates

☐ For-profit entity that does not expend Federal funds or have annual audits

☐ Foreign entity

If a for-profit entity, is the Subrecipient a:

☐ Small business

☐ Large business

Note: If a subrecipient does not receive an A-133 audit, SRS may require the entity to complete an Audit Certification and Financial Status Questionnaire, and may require a limited scope audit, before a subrecipient agreement will be issued.

Contact information for audit questions:

Name

Phone

Email

SECTION E – FFATA REPORTING

1. **Performance site same as address above?** ☐ Yes ☐ No

If No, list performance site address _____

2. 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 SEC.

Exempt from reporting compensation? ☐ Yes ☐ No

If No, proceed with filling out the top 5 paid officers:

Officer 1 Name: _____

Officer 1 Compensation: _____

Officer 2 Name: _____

Officer 2 Compensation: _____

Officer 3 Name: _____

Officer 3 Compensation: _____

Officer 4 Name: _____

Officer 4 Compensation: _____

Officer 5 Name: _____

Officer 5 Compensation: _____

SECTION F - COMMENTS

SECTION G – APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, signed, and made by an Authorized Organizational Representative of the Subrecipient Organization named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to a subrecipient agreement 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 subrecipient agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Organizational Representative

Address

Name and Title of Authorized Institutional Representative

City, State, Zip+4

Date

Phone

Fax

E-mail address