California State University SAN MARCOS
OFFICE OF GRADUATE STUDIES AND RESEARCH

SUBRECIPIENT COMMITMENT FORM

CSUSM Corporation

All Subrecipients must complete this form when submitting a proposal to CSUSM Corporation. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the authorized institutional representative prior to proposal submission.

Subrecipient Institutional Information	**Project Information**
Legal Name and Address (as registered in SAM.gov) Zip+4: _____ Congressional District: _____	Primary Address of Performance ☐ Same as legal address Zip+4: _____ Congressional District: _____
Subrecipient EIN Number: _____ Is the Subrecipient a for-profit entity? ☐ Yes ☐ No If YES, complete and attach the Payee Data Records Form 204 Registered in SAM (www.sam.gov)? ☐ Yes ☐ No Subrecipient must have a current SAM.gov registration prior to issuance of a subagreement. Subrecipient Unique Entity ID: _____ Replacement of the DUNS number. The UEI is found on SAM.gov.	Subrecipient Principal Investigator' Name: CSUSM Corporation's Principal Investigator's Name: Prime Sponsor: _____ Period of Performance: _____ - _____ Total Funds Requested: $_____
CSUSM Corporation's Proposal Title: Does the Subrecipient or Subrecipient's PI have an existing relationship with the CSUSM Corporation or CSUSM Corporation's PI? ☐ Yes ☐ No *If YES, describe relationship in **Section E: Comments**.*	

Section A: Subrecipient Eligibility

A subrecipient organization is a partner that helps to carry out a sponsored project. The requirements and responsibilities of subrecipients are different from that of a contractor/vendor. The following chart outlines the differences:

Subrecipient	**Contractor**
(a) Subrecipient's PI (named in above) has responsibility programmatic decision-making (b) Subject to all of the compliance requirements and terms and conditions in the prime award (c) Has it's performance measured in relation to whether objectives of the project are met	(a) Provides the goods and/or services within normal business operations and to other customers or clients (b) Provides similar goods or services to many different purchasers (c) Normally operates in a competitive environment (d) Provides goods or services that are ancillary to the operation of the project

☐ **Yes** ☐ **No** My organization is properly categorized as a subrecipient as described above and agrees with the project roles, compliance responsibilities, and audit requirements listed above. **If "No," please contact the CSUSM Corporation PI about procuring your organization's products/services as a contractor.**

Section B: Proposal Documents

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

Required Components

- ☐ Scope of Work
- ☐ Detailed Budget
- ☐ Budget Justification

As applicable per sponsor requirements

- ☐ Key Personnel Biosketches
- ☐ Current & Pending Support
- ☐ Small/Small Disadvantaged Business
- ☐ FFATA
- ☐ Other:_____

Section C: Certifications

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

   ☐ F&A Agreement attached ☐ Available at:

   ☐ A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate:_____ %

   ☐ Not applicable (No F&A requested by Subrecipient).

2. **Fringe Benefit Rates included in this proposal have been calculated based on the following:**

   ☐ Rates are consistent with or lower than our Federally-negotiated rates. If this box is checked, a copy of your Federal fringe benefit rate agreement ***must*** be attached.

   ☐ Based on actual rates.

   ☐ Other rates as specified in **Section E: Comments** (specify the basis on which the rate has been calculated)

3. **Cost Sharing:** ☐ **No** ☐ **Yes** **Amount: $_____**

   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.

4. **Research Subject Compliance:**

Will this project will rely on single IRB (sIRB)? ☐ No ☐ Yes, indicate institution for sIRB record: _____

☐ **Human Subjects:** ☐ No ☐ Yes Pending IRB Number_____ Expiration Date _____

If **YES** and **NIH** funding: have all key personnel completed human subjects training at the subrecipient's institution? ☐ YES ☐ NO

☐ **Animals:** ☐ No ☐ Yes Pending IACUC Number_____ Expiration Date _____

☐ **Stem Cells:** ☐ No ☐ Yes

☐ **Genomic Data:** ☐ No ☐ Yes (Applicable to projects funded by PHS/NIH, see announcement NOT-OD-14-124)

If YES, institutional approval must be provided before subaward will be issued. If not attached here, obtain approval as required and forward these documents to CSUSM Corporation's Office of Sponsored Projects as they become available. Indicate the CSUSM Corporation Principal Investigator's name for reference.

5. **Conflict of Interest:**

   ☐ Not applicable because this project is not being funded by NSF or any other program requiring Federal Financial disclosure.

   ☐ **National Science Foundation funding:** The collaborating organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of NSF's Award and Administration Guide (AAG), Chapter IV, "Grantee Standards," Section A. "Conflict of Interest Policies." Collaborator 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 Collaborator's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

   ☐ **Public Health Service (including AHRQ, ATSDR, CDC, FDA, HRSA, HIS, NIH, SAMHSA, or OGA) funding:** The collaborating 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". Collaborator 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 Collaborator's conflict of interest policy prior to the expenditure 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 CSUSM Corporation's policy.

6. Responsible Conduct of Research:

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

☐ By selecting this option, Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet prime sponsor's requirements for RCR.

7. Research Misconduct:

☐ Not applicable because this project is not being funded by U.S. Public Health Service (PHS/NIH).

☐ By selecting this option, Subrecipient certifies that it has completed and submitted the "Assurance of Compliance by Subrecipient" available at http://ori.hhs.gov/sites/default/files/PHS-6315.pdf

8. Debarment, Suspension, Proposed Debarment

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? ☐ YES ☐ No

If YES, an explanation must be provided in **Section E: Comments**.

If NO, the subrecipient certifies they: (answer all questions below)

☐ are ☐ are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.

☐ are ☐ are not presently indicted for, or otherwise criminally or civilly charged by a government agency.

☐ have ☐ 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 commissions of 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.

☐ have ☐ have not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

9. Federal Funding and Accountability Transparency Act (FFATA)

☐ YES ☐ NO Our organization meets the requirements to disclose the five most highly compensated officers.

If YES, complete and attach FDP Attachment 3B.

Section D: Audit Status

Does the subrecipient receive an annual audit in accordance with Subpart F of the OMB Uniform Guidance?

☐ YES a) Has the audit been completed for the most recent fiscal year? ☐ Yes ☐ No
b) Were there any audit findings reported? ☐ Yes ☐ No

☐ NO CSUSM Corporation requires that the entity complete and attach a Financial Management Systems Questionnaire. ☐ Attached

Section E: Comments (attach additional pages if necessary)

Approved for Subrecipient

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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.

		Name and Title of Authorized Official	
		Email	Phone
Signature of Authorized Institutional Official	**Date**		