

SUBRECIPIENT COMMITMENT FORM

Complete this form per the guidelines below and return a signed copy to Drexel's Office of Research.

Are you a member of the FDP clearinghouse? YES NO If yes, do not complete Sections C or D below.

If no, has your institution completed this document for Drexel within the last 12 months AND has your institutional information remained the same since then? If yes, do not complete Sections C or D below. If no, please complete all sections below.

Subrecipient Legal Name:

Subrecipient PI Name:

Address where research will be performed:

City:

State:

Proposal Title:

Performance Period Start Date:

End Date:

Drexel PI Name:

Prime Sponsor:

Coeus #:

SECTION A – Proposal Documents

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

STATEMENT OF WORK (required)

BUDGET AND BUDGET JUSTIFICATION (required) Total Amount Requested _____

Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format

Biosketches of all Key Personnel, in agency-required format

Other: _____

Other: _____

SECTION B - Proposal Certifications

1. **Facilities and 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.

Other rates (please specify the basis on which the rate has been calculated in Section D Comments)

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

Rates consistent with or lower than our federally-negotiated rates

Other rates (please specify the basis on which the rate has been calculated in Section D Comments)

3. **Cost Sharing** **YES** **NO** **Amount:** _____

Cost sharing amounts and justification should be included in the subrecipient budget.

4. **Human Subjects** **YES** **NO** **Approval Date:** _____

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 Drexel's PI and Drexel's Office of Research as soon as they become available. In accordance with Drexel policy, Drexel's IRB must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

If "Yes" Have all key personnel involved completed Human Subjects Training? YES NO

5. **Animal Subjects** **YES** **NO** **Approval Date:** _____

If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to Drexel's PI and Drexel's Office of Research as soon as it becomes available. In accordance with Drexel policy, Drexel's IACUC must conduct a secondary review of the subaward work and issue a companion approval before any subaward will be issued.

6. Conflict of Interest

Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR §200.112, "Conflict of Interest." Subrecipient also certifies that, to the best of its 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 expenditure of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by Drexel's Policy on Financial Disclosures in Sponsored Projects, located online at <http://www.drexel.edu/research/formsPolicies/Policies/fcoi/>. Pursuant to the Policy, for projects funded by PHS agencies Subrecipient "Investigators" must complete the required disclosures at the time of proposal submission and complete training prior to the expenditures of any funds under any resultant agreement.

Not applicable because this project is not being funded by federal funding or any program requiring financial disclosures.

7. Debarment and Suspension – Subrecipient Principal Investigator

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

SECTION C - Institutional Information

Only complete if required by the directions above.

8. The Subrecipient Institution certifies that the organization: (answer all questions below)

- a. is is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- b. is is not presently indicted for, or otherwise criminally or civilly charged by a government entity.
- c. has has 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 antitrust10 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.
- d. has has not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. (If yes, explain in Section D Comments below)

9. Type of Organization: _____

10. Small Business Concern

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: _____

11. Registered in System of Award Management (SAM): YES NO Date last updated: _____

12. Audit Status

Subrecipient receives an annual audit in accordance with OMB Circular A-133.

A-133 Contact name and title: _____

Auditee name A-133 filed under: _____

Most recent fiscal year completed: FY _____

Were any audit findings reported? (If "Yes" explain in Section D, Comments, below) YES NO

If "Yes" were any of these finding related to a project involving Drexel University? YES NO
(If "Yes" to either question, explain in Section D, Comments, below)

Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.

Subrecipient is a: _____

A limited scope audit may be required before a subaward will be issued.

13. Fiscal Responsibility (Check each box that applies. If a box is not checked please explain in Section D, Comments)

The organization certifies that its financial system is in accordance with generally accepted account principles (GAAP) and:

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, regulations 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;
there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

SECTION D – Attach additional sheets, if necessary.

Only complete if required by directions above.

APPROVED FOR SUBRECIPIENT

The above information, certifications and representations have been read, signed, and made by an authorized official of the Subrecipient Organization 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 expenses incurred for work begun prior to full execution of a subaward agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Official	Legal Name of Subrecipient Organization/Institution
Name and Title of Authorized Official	Address
Email	City, State, Zip
Phone	Federal Employer Identification Number (EIN)
Date	DUNS or UEI Number
Subrecipient's Congressional District	
Date of Incorporation	Number of Employees
State/Location of Incorporation	

Is subrecipient owned or controlled by a parent entity?

Yes

No

If "Yes", please provide the following:

Legal Name of Parent Entity:
Address:
Congressional District:
DUNS:
EIN: