

Any organization planning to enter into a subrecipient relationship with Alfred University must complete this form at the proposal stage. The form will be considered valid for one year from the date of signature by Subrecipient's Authorized Official for the proposal listed below. Please email the completed form and required proposal documents to the OSP contact listed in Section A below.

SECTION A Alfred University Proposal Information

Proposal Title:
Prime Sponsor: Solicitation #:
AU Principal Investigator:
PI Email: PI Phone:
OSP Contact:
OSP Contact Email: OSP Contact Phone:
Period of Performance Start Date: Period of Performance End Date:

SECTION B Subrecipient Information

Legal Name:
Address (include +4 zip):
DUNS EIN:
Congressional District:

Primary Place of Performance (if different from above):
Address (include +4 zip):
Congressional District:

Principal Investigator:
Department/School:
Email:
Phone:

Administrative Contact:
Email:
Phone:

Authorized Official:
Email:
Phone:

SECTION C Subrecipient Eligibility

1) The subrecipient organization certifies that it or any of its personnel on this project:

- (a) are are not presently debarred, suspended, proposed for debarment, or otherwise excluded from or ineligible for participation in federal assistance programs, contracts, or activities.
- (b) are 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".
- (c) are are not presently indicted for, or otherwise criminally or civilly charged by a government entity.

- (d) have have not Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.
- (e) 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 commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

If any of the above (C.1. a-e) are answered in the affirmative, please explain in "SECTION F – COMMENTS" at the end of this form

2) My organization is properly categorized as a subrecipient as described below and agrees to the project roles, compliance responsibilities, and audit requirements that are included as a result of the Subrecipient Relationship: Yes No

Characteristics indicative of a Subrecipient Relationship:	Characteristics indicative of a Contractor Relationship:
<ul style="list-style-type: none"> • Determines who is eligible to receive what Federal assistance. • Has its performance measured in relation to whether the objectives of the Federal program are met. • Has responsibility for programmatic decision making. • Is responsible for adherence to applicable program requirements specified in the Federal award. • Uses the Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for AU. 	<ul style="list-style-type: none"> • Provides the goods and services within normal business operations. • Provides similar goods or services to many different purchasers • Normally operates in a competitive environment. • Provides goods or services that are ancillary to the operation of the Federal program. • Is not subject to the compliance requirements of the Federal program carried out by AU, although similar requirements may apply for other reasons.

3) Is subrecipient currently registered in Central Contractor Registration via SAM ? (<https://www.sam.gov>) Yes No
 If No, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the SAM (System for Award Management) home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Subrecipient must maintain current CCR information in SAM.
<https://www.sam.gov>

4) My organization is a government entity: Yes No

5) My organization is a foreign entity: Yes No
 If Yes, list country/countries:

6) My organization is a for-profit/commercial entity: Yes No
 If No, proceed to **Section D**. If Yes, proceed to Subrecipient Business Status

Subrecipient Business Status:

- | | |
|----------------|--|
| Large business | Alaska Native Corporation (ANC) (43USC 1601) |
| Small business | Historic Black College or University |

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

- | | |
|-------------------------------------|--|
| HubZone small business* | Small Disadvantaged Business (SDB)* |
| Women-owned small business (WOSB) | Service-disabled veteran-owned business (SDVOSB) |
| Veteran-owned small business (VOSB) | |

SECTION D Proposal Documents (subrecipient to provide AU OSP all that are checked below)

- This Subrecipient Commitment Form, completed and signed by the Authorized Official
- Statement/Scope of Work
- Budget (subrecipient’s standard format (excel, pdf, etc.), unless specific agency requirement (e.g. SF-424 R&R)
- Written Budget Justification/Narrative (in agency required format)
- Biographical sketches for all Key Personnel (in agency required format)
- Current & Pending/Other Support for all Key Personnel (in agency required format)
- Other:
- Other:

SECTION E Certifications & Compliance

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, or attach):*
- Specific solicitation guidance/agency requirement. *(attach documentation)*
- Defense Contract Audit Agency (DCAA) approved rate *(attach documentation)*
- My organization is not requesting any F&A
- My organization is not receiving any federal funds for this project and is requesting an F&A rate of _____ *(Please specify basis on which rate has been calculated in “SECTION F – COMMENTS” at the end of this form)*

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

- Rates consistent with or lower than our federally-negotiated rates *(Insert link to Rate Agreement, or attach):*
- Other rates *(please specify basis on which rates have been calculated in “SECTION F – COMMENTS” at the end of this form)*
- My organization is not requesting any Fringe

3) Committed Cost Sharing/Matching: Yes No

If Yes, Amount: _____ *(amount must be included in subrecipient’s budget and written budget justification/narrative)*

4) Conflict of Interest – applicable to NSF, DHHS (e.g. NIH, CDC, HRSA, etc.), and any other sponsor that has adopted the federal financial disclosure requirements. Click 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.

AU policy – Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by [AU’s policy](#).

5) **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, my organization has a written affirmative action program developed and on file.
- No, my organization does not have a written affirmative action program
- Not applicable, as my organization has less than 50 employees or anticipate subaward amount less than \$50,000.
- Other:

6) **Human Subjects:** Yes No

If Yes, copies of the Institutional Review Board (IRB) or Ethics Committee approval and approved "Informed Consent" form must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to AU's Principal Investigator as soon as available.

7) **Animal Subjects:** Yes No

If Yes, a copy of the IACUC Committee approval must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to AU's Principal Investigator as soon as available.

8) **Responsible Conduct in Research (RCR) Training** – Applicable to projects funded by NSF, NIH or any other agencies requiring RCR Training:

Not applicable because this project is not being funded by NSF, NIH or any other agencies requiring RCR training
Subrecipient organization hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

9) **Audit Requirements:**

My organization has completed its annual audit in accordance with Uniform Guidance [2 CFR 200.501](#) for fiscal year ending . The 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 Alfred University. The link to the audit is (or attached):

My organization has completed its annual audit in accordance with Uniform Guidance [2 CFR 200.501](#) for fiscal year ending . The 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 Alfred University. The corrective action plan is included at the following audit link (or attached):

My organization's audit for fiscal year ending is not anticipated to be complete until . Within thirty (30) days of completion, we will provide written notification of the results along with any required documentation.

My organization is not subject to the provisions of 2 CFR 200.501 because my organization:

- Expend less than \$750,000 in federal awards annually
- Is a non-U.S. entity
- Is a for-profit entity
- Other:

IF YOU ARE NOT SUBJECT TO 2 CFR 200.501, YOU MUST COMPLETE THE [SUBRECIPIENT AUDIT CERTIFICATION](#) AND ATTACH TO THIS FORM.

SECTION F Comments

SECTION G Subrecipient Authorized Official Approval/Certification

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 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.

Institutional Official's Signature:

Date:

Print Name:

Title: