

Please have this form completed by someone who (a) is knowledgeable about your organization's business processes and (b) possesses information on the scope of work to be carried out by your organization's Principal Investigator/Project Director. The form must be approved and signed by your organization's Authorized Organizational Representative (AOR). This is the individual who has the authority to legally bind your organization in grants administration matters. If you have questions, please call the EMU Office of Research Development and Administration at (734) 487-3090.

SECTION A: EMU Proposal Information – To be completed by the EMU PI (or delegate) prior to submission to SPO.

Name of Eastern Michigan University PI: _____ Cayuse Proposal #: _____

Title of Proposal: _____

Name of Subrecipient: _____

Program Announcement/RFP URL: _____

Proposed Subrecipient Period of Performance: From: ____ / ____ / ____ To: ____ / ____ / ____

SECTION B: Subrecipient Eligibility – To be completed by the Subrecipient prior to submission to ORDA.

1. Yes No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or 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"?
2. Yes No Is your PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
3. Yes No Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
4. Yes No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

★ Attach an explanation for any "Yes" answer to questions 1-4 above. ★

SECTION C: Subrecipient Information – To be completed by the Subrecipient prior to submission to ORDA.

Legal Name: _____	
Subrecipient Organization Type: <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Other Non-profit <input checked="" type="checkbox"/> Industry/For-profit <input checked="" type="checkbox"/> Other _____	
Name of Subrecipient's Project Director/PI (Required): _____	Phone: _____ Email: _____
Amount of Funding Requested: _____	Amount of Cost-Sharing Committed: _____ Cost Share Not Anticipated: _____
Organization's Address: Include ZIP Code +4 or other postal code: _____	DUNS #: _____ (Dun & Bradstreet) Congressional District (if in U.S.): _____
Performance Site's Address (if different from above): Include ZIP Code +4 or other postal code: _____	Performance Site's Congressional District (if different from above and in U.S.): _____
Domestic Organizations: Federal Employer Identification Number (EIN): _____ Registered in SAM? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Expiration Date: ____ / ____ / ____ CAGE Code: _____ (Commercial and Government Entity)	International Organizations: NAIS Code: _____ (North American Industry Classification System) Registered in SAM? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Expiration Date: ____ / ____ / ____ (NCAGE) Code: _

SUBRECIPIENT COMMITMENT FORM**SECTION D: Certifications – To be completed by the Subrecipient prior to submission to SPO.****1. Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

- Our federally negotiated F&A rates for this type of work. (Attach a copy of your F&A rate agreement or provide a link.) ☆
URL: _____
- 10% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only: See form instructions.)
- Other rates (Attach a description of the basis on which the rate has been calculated.) ☆
- Not applicable (Subrecipient is not requesting payment of F&A costs.)

2. Fringe Benefit Rates included in this proposal have been calculated based on (check as applicable):

- Federally negotiated rates. (Attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a URL link to this information.) ☆
URL: _____
- Other rates (please attach a description of the basis on which the rates have been calculated) ☆

3. Research Subject Compliance Information (check as applicable):

- Yes** **No** Does the work include Embryonic Stem Cells?
- Yes** **No** Will Human Subjects be involved in the subrecipient's portion of this project?
If "Yes," provide your organization's Federal Wide Assurance #: _____
- Yes** **No** Will Animal Subjects be involved in subrecipient's portion of this project?
If yes, please provide a PHS Animal Welfare Assurance Number (domestic institutions) or an AAALAC accreditation number (international institutions): _____

4. Responsible Conduct of Research (RCR) (for NSF-funded projects only):

- Yes** **No** My organization certifies that it has 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.
- Yes** **No** My organization 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 requirements.

5. Conflict of Interest:

- Subrecipient certifies that it **does have** an active and enforced conflict of interest policy that is consistent with the National Science Foundation or the National Institutes of Health/Public Health Services .
- Subrecipient also certifies that, to the best of its knowledge, all financial disclosures related to the activities that may be funded by or through a resulting agreement were made in accordance with its conflict of interest policy before its proposal was submitted to Eastern Michigan University.
- Subrecipient certifies that it **does not currently have** an active and enforced conflict of interest policy consistent with the provisions of either the National Science Foundation Investigator Disclosure Policy, or Public Health Services Financial Conflict of Interest policy as applicable and understands that a subaward cannot be issued to the Subrecipient until such a policy is in place.

If checked, Subrecipient must respond to the following for proposals being submitted to the National Science Foundation:

- Yes** **No** Did any of the Subrecipient's personnel involved in this proposed project who meet the federal definition of an ["Investigator"](#) answer "Yes" to the following question? (*link is to sub. form instructions*)
- Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?
- Receipt of income or payment for services over the past 12 months from any single business entity exceeding \$10,000
 - Any equity interest exceeding \$10,000
 - Any intellectual property interest assigned or to be assigned to any entity that **is not** a non-profit organization

SUBRECIPIENT COMMITMENT FORM

If checked, Subrecipient must respond to the following in proposal is being submitted to a Public Health Service agency:

- Yes No Did any personnel that meet the definition of an [Investigator](#) answer "Yes" to the following question?
- Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?
- Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000
 - Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000
 - Any equity interest(s) in a non-publicly traded entity
 - Receipt of payments totaling more than \$5,000 for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity that **is not** a non-profit organization)

6. Lobbying (for U.S. federal projects only):

- Yes No 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, along with completing and attaching [Standard Form LLL](#).) ☆

7. Audit Status / Fiscal Responsibility:

- Yes No My organization is a non-Federal entity that is subject to the single audit requirement. See: [§200.501 of the Uniform Guidance](#).

If you answered "Yes" please attach an explanation of any findings or exceptions noted in your organization's most recent single audit and provide the following information: ☆

- Audit is available on the Federal Audit Clearinghouse.
- Audit report is available on this URL: _____

If you answered "No" please indicate the reason/s the single audit requirement does not apply:

- My organization did not expend \$750,000 in federal funds during our last fiscal year.
- My organization is a for-profit organization.
- Under NIH awards foreign subrecipients are not subject to this requirement.
- Other (attach an explanation). ☆

Organizations not subject to the single audit requirement will be required to complete a [Mini-Audit Questionnaire](#) and may require a limited scope audit before a subaward can be issued.

8. Working Capital Advance Required:

- Yes No Will your organization require a working capital advance?

SUBRECIPIENT COMMITMENT FORM

SECTION E: Subrecipient’s Authorized Official Representative (AOR) Approval

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized official representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that: (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization’s own risk, and (b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

<p>_____</p> <p>Signature of Subrecipient’s Authorized Official</p> <p>Date: _____</p> <p>Name and Title of Authorized Official:</p> <p>_____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email to which subagreement documents should be sent:</p> <p>_____</p>	<p>If Subrecipient is owned or controlled by a parent entity, please provide the following information:</p> <p>Parent Entity Legal Name:</p> <p>_____</p> <p>Parent Entity Address, City, State, ZIP+4:</p> <p>_____</p> <p>Parent Entity Congressional District: _____</p> <p>Parent Entity DUNS: _____</p> <p>Parent Entity EIN: _____</p>
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PLEASE REMEMBER TO INCLUDE ALL REQUIRED ATTACHMENTS. ☆