

FDP PARTICIPANT - SUBRECIPIENT COMMITMENT FORM

Questions asked are project specific to this proposal.

Use this form only if your institution is a participating organization listed on the FDP Expanded Clearinghouse. For more information and the list of participating organizations, please see <https://fdpclearinghouse.org/organizations>. If your institution is **not** indicated within the FDP Clearing House website, please complete the **NON-FDP Participant Subrecipient Commitment Form**.

SECTION A: WFUHS Proposal Information – To be completed by the WFUHS prior to submission to OSP.

Name of WFUHS PI: _____ Huron ID No.: _____

Title of Proposal: _____

Name of Subrecipient: _____

Program Announcement / RFP URL: _____

Proposed Subrecipient Project Period Dates of Performance: Start Date: _____ End Date: _____

SECTION B: Subrecipient Information – To be completed by the Subrecipient prior to submission to OSP.

_____ 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?

Budget Information:

Direct Costs:	Indirect Costs:
Total Costs:	Applicable IDC Rate %:
Amount of Cost – Sharing Committed:	Or N/A: <input type="checkbox"/>

Name of Subrecipient Project Director / PI (Required)	
Telephone No.:	Email:
Performance Site Address (if different from the FDP Entity Profile): Include Zip Code +4 or other postal code:	
DUNS No.:	Congressional District:
UEI No.:	

SECTION C: Certifications – To be completed by the Subrecipient prior to submission to OSP.**1. Research Security Program:**

☐ **Yes** ☐ **No** My organization certifies that it has established and operates a research security training program relating to: (1) cybersecurity; (2) foreign travel security; (3) research security training; and (4) export control training, as appropriate.

2. Malign Foreign Talent Recruitment Program:

☐ **Yes** ☐ **No** My organization certifies that in accordance with Section 10632 of the CHIPS and Science Act of 2022 (42 U.S.C. § 19232), all individuals identified by the applicant as senior/key personnel have been made aware of and have complied with their responsibility under that section to certify that the individual is not a party to a malign foreign talent recruitment program.

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?
☐ **Yes** ☐ **No** Will Animal Subjects be involved in subrecipient's portion of this project?

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.

SECTION D: Subrecipient's Conflict of Interest**1. Conflict of Interest:** (Only respond to the applicable federal agency questions if this subaward is federally funded.)

☐ **Yes** ☐ **No** Is there a potential or identified conflict of interest between the Prime Sponsor and the SUB PI?

2. PHS and all other sponsors that have adopted the PHS financial disclosure requirements (check as applicable):

☐ Subrecipient certifies that it **does have** a PHS-compliant Financial Conflict of Interest (FCOI) policy and is registered as an organization with a PHS-compliant FCOI policy with the [FDP FCOI Clearinghouse](#). Subrecipient certifies that it will rely on this policy to comply with PHS Conflict of Interest regulations, and that, to the best of its knowledge, all financial disclosures required by its conflict-of-interest policy and related to the activities that may be funded by or through a resulting agreement were made before its proposal was submitted to Wake Forest University Health Sciences.

☐ Subrecipient certifies that it **does not currently have** a PHS-compliant Financial Conflict of Interest (FCOI) policy and elects to follow the FCOI Policy of the Awardee Institution. A subaward cannot be issued until Subrecipient completes Awardee's Policy requirements at www.wakehealth.edu/Conflict-of-Interest/Subrecipients.htm.

3. NSF, another sponsor that has adopted NSF's COI policy, or other federal agency disclosure policy: (check as applicable):

☐ Subrecipient certifies that it **does have** an active and enforced conflict of interest policy that is consistent with the *National Science Foundation Investigator Disclosure Policy* or other federal agency disclosure policy. 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 Wake Forest University Health Sciences.

_____ Subrecipient certifies that it **does not currently have** an NSF or other federal agency-compliant disclosure policy and elects to follow the Financial Conflict of Interest (FCOI) policy of the Awardee Institution. A subaward cannot be issued until Subrecipient completes Awardee's Policy requirements at www.wakehealth.edu/Conflict-of-Interest/Subrecipients.htm.

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.

Signature of Subrecipients' Authorized Official:	
Printed Name of Subrecipients' Authorized Official:	
Title of Subrecipients' Authorized Official:	
Date:	Telephone No.:
Email:	Email to which sub-agreement documents should be sent to:

If Subrecipient is owned or controlled by a parent entity, please provide the following information:

Parent Entity Legal Name:	
Parent Entity Address, City State, Zip+4	
Parent Entity Congressional District:	
Parent Entity DUNS No.:	Parent Entity UEI No.:
Parent Entity EIN No.:	