

Non-FDP PARTICIPANT - SUBRECIPIENT COMMITMENT FORM

Questions asked are project specific to this proposal.

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. **Do not use this form if your institution is indicated within the FDP Clearing House website, <https://fdpclearinghouse.org/organizations>.**

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 Eligibility – To be completed by the Subrecipient prior to submission to OSP.

* Attach an explanation for any "Yes" responses to questions 1-4.

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?

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

Budget Information:

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

Legal Name:	
Subrecipient Organization Type:	<input type="checkbox"/> University <input type="checkbox"/> Other Non-profit <input type="checkbox"/> Industry / For-profit <input type="checkbox"/> Other: _____
Name of Subrecipient Project Director / PI (Required)	
Telephone No.:	Email:

Organization's Address: (Include ZIP Code +4 or other postal code)	Organization's:
	DUNS No.: _____
	UEI No.: _____
	Congressional District: _____

Domestic Organizations:	International Organizations:
Federal Employer Identification Number (EIN): _____	NAIS Code: _____ (North American Industry Classification System)
Registered in SAM: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____	Registered in SAM: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____
Commercial and Government Entity (CAGE) Code: _____	NCAGE Code: _____ NATO Commercial and Government Entity

SECTION D: Certifications – To be completed by the Subrecipient prior to submission to OSP.

1. Facilities and Administration 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: _____
- _____ 15% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only).
- _____ 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 Benefits 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 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.

4. 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.

5. 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?

6. 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.

7. Lobbying (for U.S.A federal project 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.) *

8. 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). *

9. Working Capital Advance Request:

☐ **Yes** ☐ **No** Will your organization require a working capital advance?

SECTION E: 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 F: 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.:	

PLEASE REMEMBER TO INCLUDE ALL REQUIRED ATTACHMENTS