



SUBRECIPIENT COMMITMENT FORM: PART 1

A. Pass Through Entity (PTE) Proposal Information

Pass Through Entity Principal Investigator

Prime Sponsor:

Project Title:

B. Subrecipient Proposal Information

Legal Name:

Address Line 1:

Address Line 2:

City: State: Postal Code:

Country:

Organization Type: Congressional District:

Unique Entity Identifier (UEI):

Federal Employer Identification Number (FEIN):

Principal Investigator Name:

Principal Investigator Email:

Period of Performance Start Date: Amount Requested:

Period of Performance End Date: Cost Sharing Amount:

C. Proposal Documents

Indicate below which documents will be provided. The **required** documents, specified below, must be submitted at least five (5) business days before the sponsor deadline.

Statement of Work (**required**):

Key Personnel Biosketches:

Budget (**required**):

Key Personnel Current & Pending Support:

Budget Justification (**required**):

Other:



SUBRECIPIENT COMMITMENT FORM: PART 1

D. Compliance

If the subrecipient indicates compliance in any area below, additional follow-up questions will appear. Compliance documentation must be submitted before a subaward can be issued.

Human Subjects	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Animal Research	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Recombinant DNA	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Biohazardous Materials / Biosafety	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Human Embryonic Stem Cells	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Human Subjects Data Transfer	Yes		
	No		

If human subjects are involved, have all key personnel completed human subjects training? Yes
No
N/A

Reserved for future use



SUBRECIPIENT COMMITMENT FORM: PART 1

E. Subrecipient Certifications

Requirements & responsibilities of Subrecipients/Subcontractors are different than those of a Vendor/Contractor. Additional information to assist in determining this relationship may be found at: Subaward Preparation Rutgers Research. Indicate that your organization is properly categorized as a subrecipient based on the scope of work. (If NO, contact the Rutgers' PI about procuring your organization's products and services as a vendor/contractor).	Yes
	No

Subrecipient is a “covered institution”.

Per NSPM-33, a “Covered Institution” is an institution of higher education, a non-profit research institution, or a Federally Funded Research and Development Center (FFRDCs), that receives in excess of \$50 million per year in federal science and engineering support. Covered Institutions must implement research security training, cybersecurity, foreign travel security and export control training as required by the CHIPS and Science Act.	Yes
	No

Reserved for future use

F. FDP Expanded Clearing House Participants

Is the subrecipient a participant in the FDP Expanded Clearinghouse? More information is available at https://fdpclearinghouse.org/organizations .	Yes
If you answer ‘Yes,’ proceed to page 7 and ensure that the Subrecipient’s Authorized Organizational Official (AOR) signs on that page.	No
If you answer ‘No,’ Part 2 of the form will be enabled and must be completed. After all required fields are finished, ensure that the Subrecipient’s AOR signs on page 7.	

Important

If the form is not fully executed, it will be returned to the Subrecipient for signature.



SUBRECIPIENT COMMITMENT FORM: PART 2

A. Facilities and Administrative Rates

How were the Facilities and Administrative (F&A) rates determined for this subrecipient? Please select one of the following options. Additional documentation or information may be required based on your selection.

Option 1: The subrecipient has a federally negotiated F&A rate.

The rate agreement is attached.

The rate agreement is available for download.

Provide the Uniform Resource Locator (URL).

Option 2: The subrecipient does not have a federally negotiated F&A rate.

A rate has been negotiated with Rutgers, and documentation is attached.

A 15% de minimis rate has been applied. This rate is allowable only if the subrecipient does not have a current federally negotiated Facilities & Administrative rate. For more information, refer to [2 CFR §200.414\(f\)](#), which defines the Modified Total Direct Cost base and eligibility criteria.

A rate has been applied based on the prime sponsor's policies or guidelines.

B. Fringe Benefit Rates

How were the Fringe Benefit Rates applied for this subrecipient? Please select one of the following options. Additional documentation or information may be required based on your selection.

Option 1: The subrecipient has a federally negotiated fringe benefit rate.

The rate agreement is attached.

The rate agreement is available for download.

Provide the Uniform Resource Locator (URL).

Option 2: The subrecipient does not have a federally negotiated fringe benefit rate.

Actual fringe benefit costs have been applied.

Other rates have been applied.



SUBRECIPIENT COMMITMENT FORM: PART 2

C. Conflict of Interest

What is the subrecipient's status regarding compliance with federal Conflict of Interest (COI) requirements? Please select one of the following options. By signing this form, the subrecipient certifies that all investigators will complete the required COI training prior to engaging in any research related to Public Health Service (PHS) funding.

Not applicable.

Registered with a PHS compliant policy in the FDP Expanded Clearinghouse.

Organization has an active and enforced COI policy consistent with federal regulations.

Organization does not currently have a COI policy but will implement a PHS compliant policy by the time of award.

Organization does not have a COI policy and agrees to adopt Rutgers' policy and training available at: <https://research.rutgers.edu/researcher-support/research-compliance/conflict-interest>.

D. Subrecipients Level of Maturity

Indicate the subrecipients level of maturity by selecting one fo the following:

Mature: 10+ years of subrecipient experience.

Intermediate: 5-9 years of subrecipient experience.

Beginner: 1-4 years of subrecipient experience.

Start-up: Less than 1 year of subrecipient experience.

E. Audit Status

Select the audit status that best describes your organization's most recent audit. Only one selection is allowed.



SUBRECIPIENT COMMITMENT FORM: PART 2

F. Debarment and Suspension

Please answer all questions below regarding the subrecipient, Principal Investigator (PI), and any other employees or students participating in this project. Select the appropriate response for each item. If applicable, provide additional explanation in the comments section.

Federal Exclusion Status: Is the subrecipient, PI, or any other participant in this project currently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from participation in federal assistance programs, contracts, or activities? Yes
No

Criminal or Civil Charges: Is the subrecipient, PI, or any other participant currently indicted or otherwise criminally or civilly charged by a government entity? Yes
No

Prior Convictions or Judgments: Has the subrecipient, within the past three (3) years, been convicted of or had a civil judgment rendered against them for:

- Fraud or criminal offense related to public contracts or subcontracts Yes
- Violation of federal or state antitrust laws, No
- Embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property?

Contract Termination for Default: Has the subrecipient had any contract terminated for default by a federal agency within the past three (3) years? Yes
No

G. Required Information Systems

Answer all questions below regarding the subrecipient’s financial and procurement systems. Select “Yes” or “No” for each item.

Does the subrecipient have a self-balancing accounting system that records cash and other financial resources, and segregates them for specific activities or objectives in accordance with applicable regulations, restrictions, or limitations? Yes
No

Does the subrecipient have a self-balancing accounting system that records cash and other financial resources, and segregates them for specific activities or objectives in accordance with applicable regulations, restrictions, or limitations? Yes
No



SUBRECIPIENT COMMITMENT FORM: PART 3

A. Comments

B. Signatures

This proposal has been administratively reviewed and approved by the appropriate Subrecipient officials, who certify its accuracy and completeness. The relevant programmatic and administrative personnel are aware of the awarding agency's policies and applicable regulatory requirements, agree to comply with all award terms and conditions, certifications, and required trainings, and are prepared to establish the necessary inter-institutional agreement. The Subrecipient also certifies compliance with all Federal agency research security requirements.

Authorized Organizational Representative Signature: Authorized Organizational Representative Title:

Authorized Organizational Representative Name: Date Signed: