**Office of Sponsored Programs**

**SIMPLIFIED SUBRECIPIENT COMMITMENT FORM**

*All subrecipient institutions should complete this form when submitting a subaward proposal to Michigan State University. Please complete this form and send all required documents and certifications to the following email address:*

SUBRECIPIENT’S LEGAL NAME:

UNIQUE ENTITY IDENTIFIER (UEI):

PERFORMANCE SITE ADDRESS (Street Address, City, State and/or Country and 9 digit zip code, if applicable):

CONGRESSIONAL DISTRICT(S) FOR PERFORMANCE SITE LOCATIONS:

SUBRECIPIENT’S PI NAME AND EMAIL:

SUBRECIPIENT PROPOSAL TITLE:

TOTAL FUNDS REQUESTED FOR SUBRECIPIENT:

SUBRECIPIENT PROJECT PERIOD:

SUBRECIPIENT’S SPONSORED PROGRAMS CONTACT NAME, PHONE NO., AND EMAIL:

MSU’S PI NAME:

MSU REFERENCE NUMBER (PD#) AND/OR SOLICITATION NUMBER (IF KNOWN):

**SECTION A- PROJECT DOCUMENTS AND DISCLOSURES**

The following documents are included in our subaward proposal submission and prepared in compliance with the prime sponsor’s solicitation guidelines:

Statement of Work  Budget Justification

Budget  Other proposal documents as required by the solicitation

1. **Human Subjects**  Yes  No

If yes and NON-FDP Institution, please provide your Federal Wide Assurance #:      .

1. **Animal Use**  Yes  No

If yes and NON-FDP Institution, please provide your PHS Animal Welfare Assurance #:      .

1. **Cost Sharing/Matching/In-Kind included in the proposal** (if applicable)

Cost sharing, matching, and/or in-kind commitments should be included in the subrecipient’s budget and budget justification. Third-Party in-kind cost share should be supported by a letter of support signed by an authorized representative of the third-party.

Yes **Amount**:

N/A

1. **Is there background intellectual property planned for use on this project?**  Yes  No
2. **Safe and Inclusive Working Environments for Off-Campus or Off-Site Research** (applicable to NSF only)

Does the scope of work proposed by the subrecipient involve conducting research activities [off-campus or off site](https://beta.nsf.gov/policies/pappg/23-1/ch-2-proposal-preparation#_ftn44)?

Yes (If yes, by signing this Subrecipient Commitment Form the Authorized Official of the subrecipient certifies that the organization has a plan in place for this proposal, which is compliant with the NSF PAPPG)

No

**SECTION B- CERTIFICATIONS**

1. **Are you participating in the FDP Expanded Clearinghouse Project?**

Yes (If Yes, please **skip** this Section and complete Section C below)

No (If no, please complete 2-8 and Section C below)

1. **EIN (Tax ID):**
2. **Facilities & Administrative (F&A)** **Rates** included in this proposal have been calculated based on:

Our federally-negotiated F&A rates for this type of work. Please provide a link to your F&A rate agreement in the box below.

A reduced F&A rate that we hereby agree to accept (e.g. Limited F&A in the solicitation).

10% MTDC (de minimis rate) in accordance with CFR Part 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Not applicable (no F&A costs are requested by subrecipient).

PROVIDE F&A AGREEMENT LINK:

1. **Fringe Benefit Rates** includedin the proposal:

Are consistent with or lower than our federally negotiated rates.

Are based on our institutional policy. Please specify the basis on which rates are assessed and/or provide a link to your policy in the box below.

PROVIDE FRINGE RATE POLICY LINK:

Fringe benefits are not being charged to the project.

1. **Conflict of Interest** (only applicable to PHS, NSF, DOE, NASA or other sponsors that have adopted the federal financial disclosure requirements)

Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions 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, all financial disclosures have been made related to the activities that may be funded by or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient’s conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by MSU’s policy and related procedures. See policy at <https://www.hr.msu.edu/policies-procedures/faculty-academic-staff/faculty-handbook/conflicts_of_interest.html>. Please complete and return MSU’s Non-Employee Conflict of Interest Form, which can be found at <https://coi.msu.edu/forms/index.html> . Please submit completed COI forms for all Investigators as an attachment to this Form.

Not applicable because this project is **not** being funded by PHS, NSF, DOE, NASA or other sponsor that has adopted the federal financial disclosure requirements.

1. **Responsible Conduct of Research (RCR)** (if applicable)

**NSF**: Subrecipient 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.

**USDA-NIFA**: Subrecipient hereby certifies that it has an institutional plan compliant with **USDA-NIFA’s** February 2013 Agency-Specific Terms & Conditions requirements related to responsible conduct of research.

1. **Certification regarding Debarment and Suspension**

Is the Subrecipient, PI, or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal programs or activities?

Yes (If Yes, explain in Comments below)

No

1. **Audit Status**

Does your organization receive an annual audit in accordance with 2 CFR 200 Subpart F – Audit Requirement? Please provide a link to the most recent audit report (if applicable) below.

Yes

No

PROVIDE AUDIT/FINANCIAL REPORTS LINK:

1. **Subrecipient’s Financial Contact Name, Phone # and Email**:
2. **Fiscal Responsibility**

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

* has the capability to identify, in its accounts, all Federal awards received and associated expenses as well as the Federal programs under which they were received;
* maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provisions of contracts or grants;
* complies with applicable laws and regulations;
* can prepare appropriate financial statements;
* there are no outstanding audit findings which would impact subcontract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

**SECTION C- COMMENTS AND AUTHORIZED OFFICIAL**

COMMENTS:

**See below (page 3/4) for certification language and signature block.**

**SUBRECIPIENT (FDP and NON-FDP Institutions) CERTIFIES THE FOLLOWING:**

The information, certifications, and representations stated above have been made by an authorized official of the subrecipient named herein. Additionally, the appropriate programmatic and administrative personnel involved in this application are aware of sponsor policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Subrecipient understands that any expenses incurred prior to execution of a subaward agreement are at the subrecipient’s risk.**



Signature of Authorized Official for Subrecipient

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Type or print name, email address and title of Authorized Official Date