

FOR YU USE ONLY:	
YU Depart:	_Reviewer:
YU PI:	Date:
Solicitation#:	

## SUBRECIPIENT COMMITMENT FORM

SECTION A: SUBRECIPIENT PROPOSAL INFORMATION
Subrecipient Legal Name
Subrecipient's Principal Investigator:
Prime Sponsor: Total Funds Requested:
Title of Proposal:
YU Period of Performance:
Proposed Period of Performance of Subrecipient (if different):
SECTION B: SUBRECIPIENT ELIGIBILITY
Yeshiva University requires a Subrecipient Commitment Form to be completed at the proposal stage for risk assessment purposes. This form will be considered valid for one year from the date of signature by your organization's Authorized Official Representative. In the event of changes related to the information and certification provided, Yeshiva University Office of Sponsored Programs should be notified within 30 days by sending an email to grants@yu.edu.  Please answer the following questions before completing the rest of the form. If you answer "Yes" to either of these questions, Yeshiva University cannot enter into a subaward with your organization. Please notify YU's Principal Investigator immediately.
□ Yes □ No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any transactions with a Federal department or Agency?
□ Yes □ No Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Policies for Federal Credit Programs and Non-Tax Recievables?
SECTION C: AUDIT STATUS
□ Yes □ No  Does your organization receive an annual audit? (If "NO" please indicate why)  □ My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.  □ My organization is a for-profit entity. (You may be required to complete a Financial Questionnaire.)  □ My organization is a U.S. government entity

SECTI	ON D: CERTIFICATIONS
1.	Are Humans Subjects involved in this project? Yes No  a. If "Yes": Copies of IRB approval and approved "Informed Consent" form must be provided before any subaward will be finalized. Please forward these documents to grants@yu.edu as soon as they become available.  b. Subrecipient certifies that if human subjects are involved in this project, Subrecipient shall conduct the activities in accordance with the DHHS regulations codified as 45 CFR 46-Protection of Human Subjects.
2.	<ul> <li>Are Animal Subjects involved in this project? Yes No</li> <li>a. If "Yes": Copies of IACUC approval must be provided before any subaward will be finalized. Please forward these documents to grants. yu. edu as soon as they become available.</li> <li>b. Subrecipient certifies that if animal subjects are involved in this project, Subrecipient shall conduct the activities in accordance with the NIH "Principles for Use of Animals", the Animal Welfare Act (7 U.S.C. 2131 et.seq.) and all other applicable Federal laws and policies. Practices for the procurement/housing/care of laboratory animals shall conform to the NIH Guide for the Care and Use of Laboratory Animals and all USDA requirements.</li> </ul>
3.	Are there any other "Restricted Research" activities being performed for this project? (Example: Biohazard, Radioactive Materials, Recombinant DNA, etc.) Yes No  a. If "Yes": Copies of any applicable approvals must be provided before any subaward will be finalized. Please forward all applicable approvals directly to grants@yu.edu as soon as they become available.
4.	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. Yes ONo  a. If "No": Attach Explanation.
5.	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. (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below)  URL:  Other rates (please attach a description of the basis on which the rate has been calculated)  Not applicable – Attach Explanation.
6.	Fringe Benefit Rates included in this proposal have been calculated based on (check as applicable):  Rates consistent with or lower than our federally negotiated rates. (If this box is checked, please attach a copy of your organization's composite employee rate projections or federally negotiated rate agreement. Alternatively provide a URL link to this information.)  URL:
7.	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)
	a. If "No": Attach Explanation.

8. Online R	epresentations and Certifications Application v	ia SAM (for federal applications only):
Rep	resentations and Certifications Submitted via SAM.	Date of Expiration:
☐ Not	submitted (Attach explanation.)	·

Financial Conflict of Interest (FCOI)

1	Subrecipient has	not implemented	a written police	cy of financia	I conflict of interest	compliant with F	'HS provisions	of 42 CFR

Part 50, Subpart F and 45 CFR Part 94. Yeshiva University **Supplemental Disclosure Form** has been completed and is attached for all individuals responsible for the design, conduct, or reporting of the research for the proposal, and required FCOI Citi trainings have been completed, or will be completed before any subaward is finalized.(Obtain YU's form here https://www.yu.edu/sponsored-programs/yu-policies-procedures). Subrecipient must return all applicable FCOI documentation to <a href="mailto:grants@yu.edu">grants@yu.edu</a> before the subaward can be finalized.

□ Not applicable because this project is not being funded by a PHS funded agency, or other agency that has adopted PHS FCOI regulations.

revenues in federal awards AND \$25 million or more in annual gross revenues from federal awards.

10. Federal Funding Accountability and Transparency Act (FFATA) (for federal applications only):

□ Yes □ No During the previous fiscal year my organization received 80% or more of its annual gross

## □ Yes □ No My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. 78m(a)) or section 6104 of the Internal Revenue Code of 1986. 11. Lobbying (for federal applications 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.) SECTION E: ADDITIONAL SUBRECIPIENT INFORMATION Subrecipient Address (Include Zip Code + 4 Digits):\_\_\_\_\_\_ UEI #: Congressional District: Performance Site Address (Include Zip Code + 4 Digits): NAICS Code: NCAGE (International Only): Subrecipients EIN:\_\_\_\_\_ Subrecipient Administrative Contact Name: Phone: Email: SECTION F: PROPOSAL DOCUMENTS The following documents have been (or will be) included in our proposal submission and are covered by the certifications above (Check all that apply, documents with \* are required for proposal submitted to YU). □ Statement of Work: (must describe the Subrecipient's specific role within the YU project)\* □ Budget\*

[SIGNATURE PAGE TO FOLLOW]

☐ Biosketches of Key Personnel/Technical Representative, in agency required format (if required by Prime Sponsor)

□ Other:

□ Narrative Budget Justification\*

**Negotiated F&A Agreement\*** 

## SECTION G: SUBRECIPIENT AUTHORIZED OFFICIAL REPRESENTATIVE APPROVAL

the Subrecipient named herein. The appropriate programmatic a are aware of agency policy concerning subawards and are preparagreements consistent with those policies.	nd administrative personnel involved in this application
Signature of Subrecipient's Authorized Official (or Designee <sup>i</sup> )	Date
Name and Title of Authorized Official Representative (or des	signee)

Subrecipient represents and certifies that its Designee has the authority to act on behalf of the Authorized Official