

SUBRECIPIENT COMMITMENT FORM

This form must be approved and signed by your organization's Authorized Organizational Representative (AOR). **Please ensure all applicable documents (Statement of Work, Budget, etc.) are included with the request.**

SECTION A: Project Information

Subrecipient Legal Name: _____ Subrecipient PI: _____
Subrecipient Central Email: _____ Subrecipient Admin Contact Email: _____
Total Costs: \$ _____ Period of Performance: _____ to _____
Project Title: _____
Performance Address: _____

SECTION B: Subrecipient's Institutional Information

DUNS #: _____ EIN: _____ County: _____

1. Yes No N/A Is your organization or PI and/or employees on this project 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 Uniform Guidance?
2. Yes No N/A If application is to a federal or federal pass-through sponsor, have any lobbying activities been or will any be conducted regarding this proposal?
3. Yes No N/A If applicable, does your organization certify that it currently has a PHS-compliant Financial Conflict of Interest (FCOI) policy and a PHS Financial Disclosure for each of the Subrecipient's key personnel?
4. Yes No Does your organization have a federally negotiated F&A rate? If yes, please provide a copy of your F&A rate agreement.
5. Yes No Does your organization receive a single audit in accordance with Uniform Guidance §200.514 (formerly A-133)? If no, please provide an explanation on a separate sheet as to why this doesn't pertain to your organization or why your organization did not receive a single audit despite the Uniform Guidance pertaining to your organization. If yes, please provide a copy of your most recent audit report.
6. Yes No Does your organization have prior experience with the same or similar subawards? If yes, please provide documentation on a separate page.
7. Yes No Has your organization had significant new personnel or substantially changed systems in the past year?
8. Yes No. Has your agency been monitored by a federal awarding agency for other federal awards in the past year? If yes, please provide monitoring results documented on a separate page.

SECTION C: Subrecipient's Authorized Official Representative (AOR) Approval

I certify that the information provided is true and correct. 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. The appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

Subrecipient's Authorized Official Name: _____

Date: _____