SUBRECIPIENT COMMITMENT FORM

California State Polytechnic University, Pomona
Office of Research and Sponsored Programs

All subrecipients must complete this form when submitting a proposal to California State Polytechnic University, Pomona (Cal Poly Pomona or CPP). The auxiliary organization, Cal Poly Pomona Foundation, Inc., is the legal grantee and post-award administrator of grants and contracts.

SECTION A: Proposal Information

CPP Proposal # _____ CPP PI: _____ CPP PI Department/Unit: _____
Prime Sponsor: _____
Title of Proposal: _____
Performance Period: From: _____ To: _____

SECTION B: Subrecipient Eligibility

Please answer the following questions BEFORE completing the rest of the form.

☐ **Yes** ☐ **No** Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any 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, "Managing Federal Credit Programs"?

If "**Yes**" to either of the above questions, it will not be possible to establish a subaward with your organization and you need not complete the remaining sections of this form. Please notify the CPP Principal Investigator (PI) as soon as possible.

SECTION C: Subrecipient Determination, Requirements and Responsibilities

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor (2 CFR 200.23). The following table outlines the differences. Please check all that apply.

Subrecipients	**Contractors (Suppliers/Vendors)**
☐ If Subrecipient is a CSU Campus or Auxiliary, check this box and go to Section D. ☐ Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program. ☐ Will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of CPP. ☐ Is responsible for adhering to applicable program requirements specified in the prime award. ☐ There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions.	☐ Provides goods or services that are ancillary to the operation of the program identified in the prime award. ☐ Provides the goods or services purchased with the funds within normal business operations. ☐ Provides similar goods or services to many different purchasers. ☐ Is not subject to the compliance requirements of the program as a result of the agreement with CPP. ☐ Normally operates in a competitive environment.

☐ **Yes** ☐ **No** For the purpose of this proposal, my organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

If "**No**," STOP here. This form is not applicable. Please contact the CPP PI about procuring your organization as a contractor.

If **"YES,"** continue to next section.

SECTION D: Subrecipient Information

Subrecipient Legal Name: _____
Subrecipient's PI Name: _____ Email: _____ Phone: _____
Subrecipient Performance Period (if different from Proposal Performance Period): From: _____ To: _____
Subrecipient Street Address: _____
City: _____ State: _____ ZIP +4: _____ Congressional District: _____
Subrecipient Performance Site (if different from above): _____
Congressional District of Performance Site (if applicable and different): _____
Amount of Funding Requested by Subrecipient: $ _____ Cost Sharing Provided by Subrecipient (if applicable): $ _____

SECTION E: Federal Funding Accountability and Transparency Act (FFATA)

DUNS #: _____ UEI# _____ EIN #: _____

Is Subrecipient owned or controlled by a parent entity? ☐ Yes ☐ No If yes, please provide the Name, DUNS Number (+ 4), and Location (Address, City, State, Zip + 4, Congressional District, and Country) of parent entity:
Address: _____

Registered in SAM? ☐ Yes ☐ No Expiration date: _____ (update information if within 60 days of expiration)
Note: SAM registration is mandatory. Registration website: http://www.sam.gov/

Exempt from reporting compensation? ☐ Yes ☐ No

Executive compensation information for the Subrecipient must be reported if: More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually; compensation information is not already available through reporting to the Securities & Exchange Commission (SEC). In "NO," please attach separately a list of the names and compensation of the five highest paid officers/executives.

SECTION F: Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below. (Check those that apply.)

- ☐ STATEMENT OF WORK (required)
- ☐ BUDGET and BUDGET JUSTIFICATION (required, including F&A rate agreement as applicable)
- ☐ SUBRECIPIENT COMMITMENT FORM (this form)
- ☐ BIOSKETCHES OF KEY PERSONNEL, in agency-required format (if required by agency)
- ☐ SMALL/SMALL DISADVANTAGED BUSINESS SUBCONTRACTING PLAN, in agency-required format (required for proposals over $550,000 only)
- ☐ OTHER: _____

SECTION G: Certifications

1. **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, a copy of your F&A rate agreement must be furnished via hard copy, website or email before a subaward will be issued.)
   - ☐ No federal negotiated rate, and we hereby agree to accept the 10% MTDC *de minimus* rate as a Subrecipient
   - ☐ A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept: Rate: 0% Base: _____
   - ☐ Not applicable—subrecipient is not requesting payment of F&A costs
2. **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 Fringe Benefit Rate agreement to CPP before a subaward will be issued.)
   - ☐ Based on actual rates
   - ☐ Other rates (please attach a description of the basis on which the rates have been calculated)
3. **Human Subjects** ☐ **Yes** ☐ **No**

   If "Yes," and NIH funding is involved, have all key personnel completed Human Subjects Training? ☐ Yes ☐ No

   If "Yes," please provide your organization's OHRP approved FWA #: _____

   (If your organization does not have FWA #, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the protection of human subjects.)
4. **Animal Subjects** ☐ **Yes** ☐ **No**

   If "Yes," provide a copy of IACUC approval to the University's PI as soon as it is available. IACUC approval is required before a subaward will be issued.
5. **Other "Restricted Research" activities.** ☐ **Yes** ☐ **No** (e.g. Biohazard, Recombinant DNA, Radioactive Materials, etc.)

   If "Yes," copies of applicable approvals must be provided before any subaward will be issued.
6. **Conflict of Interest (applicable to PHS*, NSF, or other sponsor that has adopted the federal financial disclosure requirements)**
   - ☐ Not applicable because this project is not being funded by NSF, PHS or other sponsor requiring federal financial disclosure.
   - ☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research". Subrecipient also certifies that, to the best of the institution's knowledge: (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have, or will have, been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.
     Subrecipient conflict of interest policy can be found at _____
   - ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by CPP's policy.

   **Public Health Service (PHS) agencies* include the following: National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), Agency for Toxic Substance and Disease Registry (ATSDR), and any other sponsor who has adopted PHSFCOI financial disclosure requirements.
7. **Responsible Conduct of Research (RCR) (applicable to NSF, NSF flow-through, USDA, and other federal sponsors)**
   - ☐ Not applicable because this project is not being funded by NSF or NIH
   - ☐ By selecting this option, Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet prime sponsor's requirements for RCR

     **By signing this form, the subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any applicable federally-funded contract/grant.

8. Research Security Training (CHIPS and Science Act §10337; NSPM-33; Federal Sponsor Requirements)

☐ **Yes** ☐ **No**

Foreign Talent Recruitment Program: Subrecipient certifies that all Key Personnel are NOT a party to a malign foreign talent recruitment program (see the NSF PAPPG, Chapters I.E.2.(b) and II.D.1.e for additional information.)

☐ **Yes** ☐ **No** ☐ **N/A** (No federal funding)

Research Security Training Requirement: Subrecipient certifies that all covered personnel have completed the required Research Security Training Requirement for Federal Award Personnel: In accordance with Section 10634 of the CHIPS and Science Act of 2022 (42 U.S.C. § 19234), each individual identified as a senior/key person must certify that they have completed the requisite research security training that meets the requirements specified in Item 2 of Important Notice No. 149 within 12 months prior to proposal submission.

9. Lobbying (for U.S. federal projects only) (Section 1352, Title 31 U.S.C.)

☐ **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.)

10. Export Control:

☐ **Yes** ☐ **No** Does this project involve data, information, technology, etc. that may be subject to export control laws? If "Yes,", Subrecipient hereby certifies that it understands and will comply with any and all applicable export control laws and regulations of the United States of America.

11. Fiscal Responsibility:

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and (mark all that apply):

☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they are received

☐ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants

☐ complies with applicable laws and regulations

☐ can prepare appropriate financial statements, including the schedule of expenditures of Federal awards

☐ there are no outstanding audit findings. If there are findings, submit a copy of the most recent report that describes the findings and steps to be taken to correct the finding.

12. For-Profit Organizations (only):

☐ **Yes** ☐ **No** Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes": Subrecipient represents that it is a (check as applicable)**:**

☐ Small/Small disadvantaged business as certified by the Small Business Administration

☐ Women-owned small business concern

☐ Veteran-owned small business concern

☐ Service-disabled veteran-owned small business concern

☐ HUBZone small business concern

☐ Other: _____

13. Debarment, Suspension, Proposed Debarment:

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? If "Yes" please explain in Section E: Comments below.

☐ **Yes** ☐ **No**

The Subrecipient certifies that they: (answer all questions below)

☐ Are ☐ Are Not presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal Contracts

☐ Are ☐ Are Not presently indicted for, or otherwise criminally or civilly charged by a governmental entity

☐ Have ☐ Have Not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property

☐ Have ☐ Have Not within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency

SECTION H: Audit Status

Does the Subrecipient receive an annual audit in accordance with 2 CFR 200, Subpart F?

☐ Yes: Has the audit been completed for the most recent fiscal year? ☐ Yes ☐ No, it is expected to be completed by: _____

☐ No: Does the Subrecipient receive overall federal funding of at least $750,000 per year? ☐ Yes ☐ No (if "No," skip to item 2)

Subrecipient is: ☐ For-Profit entity that expends Federal or Federal pass-thru funds and has a DCAA audited rate

☐ For-Profit entity that does not expend Federal funds or have annual audits

☐ Foreign entity

Were any audit findings reported? (If "Yes," explain in Section I below). ☐ Yes ☐ No

Note: A complete copy of Subrecipient's most recent report, or the Internet URL link to a complete copy must be provided before a subaward will be issued. URL: _____

SECTION I: Comments (please attach additional pages if necessary)

SECTION J: Approved for Subrecipient

Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to sub-awards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to execution of a sub-award agreement are at the Subrecipient's own risk. No work involving human subjects and/or animals/or COI issues may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use/ or Independent Review Committee review and approval.**

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: _____

Parent Entity EIN: _____

Name and Title of Authorized Official: _____

Email: _____

Phone: _____

Fax: _____

_____

Signature of Subrecipient's Authorized Official Date