Reset Form

FLORIDA INTERNATIONAL UNIVERSITY

Office of Research and Economic Development (ORED)
SUBAWARDEE COMMITMENT FORM

All sub awardees should submit this form when submitting a proposal to Florida International University (FIU). This form provides a checklist of documents and certifications required by sponsors, as well as subawardee AOR approval for this submission.

SUBAWARDEE'S LEGAL NAME:

SUBMITTED PROPOSAL TITLE: PRIME SPONSOR:

SUBAWARDEE'S PI: PERFORMANCE PERIOD:

SECTION A- PROPOSAL DOCUMENTS

The following documents are included in our subaward proposal submission and covered by the certifications below (check as applicable):

☐ **STATEMENT OF WORK** (required)
☐ **BUDGET AND BUDGET JUSTIFICATION** (required)
☐ **SUBAWARDEE COMMITMENT FORM, completed and signed by Subawardee's authorized official**
☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (if required by prime sponsor)
☐ Biosketches and Others Support of all Key Personnel, in agency-require format (if required by prime sponsor)
☐ Other:
☐ Other:

SECTION B- COMPLIANCE REVIEW AND CERTIFICATIONS

The following documents are included in our subaward proposal submission and covered by the certifications below (check as applicable):

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:
   - ☐ Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept (If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to FIU before a subaward will be issued.)
   - ☐ Uniform Guidance 2 CFR 200.414(f) de minimis rate (15%), except for NIH applications, de minimis rate (10%).
   - ☐ Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)
   - ☐ Not applicable (no indirect cost request for subrecipient)

2. **Fringe-Benefit Rates** included in this proposal have been calculated based on the following:
   - ☐ Rates consistent with or lower than federally negotiated rates
   - ☐ Based on actual rates
   - ☐ Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)

3. **Sub awardee Business Status:** (check box if not applicable) ☐ N/A

   ☐ Large Business ☐ Small Business
   ☐ Alaska Native Corporation (ANC) (43USC1601) ☐ Historically Black College or University/Minority Institution

   If a small business, identify business classification (*certified by the Small Business Administration):
   ☐ Small Disadvantaged Business (SDB)* (8a) * ☐ Women-owned small business (WOSB)
   ☐ Veteran-owned small business (VOSB) ☐ Service-disabled veteran-owned business (SDVOSB)
   ☐ HUBZone small business*

4. **For-Profit/Commercial Entities**
   Note: Vendors are not subject to many of the flow-down provisions required of subawardees, e.g., effort reporting under a federal award. It is therefore important that the work provided by any for-profit/commercial subrecipient be classified appropriately. Please respond to the following.

   ☐ **YES** ☐ **NO** The goods and/or services we will provide under this transaction will be comparable to the goods and/or services we provide to many different customers during the course of our normal business operations.

If "no" please describe how these services and/or goods will differ from those offered to other customers (Attach additional pages if necessary.)

☐**YES** ☐ **NO** The goods and/or services we will provide under this transaction will be supplementary to the operation of the sponsored program, and we will not be responsible for programmatic decision making.

If "no" please describe how your company's goods and services will contribute to the objectives of the program, how your company's performance will be measured against these objectives, and provide the names of your company's representatives who will be responsible for making programmatic decisions. (Attach additional pages if necessary.)

5. **Cost Sharing** ☐ **YES** ☐ **NO** **AMOUNT:**

Cost sharing amounts and justification must be included in the subrecipient's budget. If "***yes"*** annual cost share certifications will required. The third party cost share certification form is available at http://research.fiu.edu/forms/#proposal

REGULATORY APPROVAL (Questions 6-10)

6. **Human Subjects** ☐ **YES** ☐ **NO**

If "yes" Indicate the status of IRB Review: ☐ **Current** ☐ **Pending**

Date IRB determined research to be exempt or approved:

IRB Number: **Federal Assurance (FWA) Number:** (both must be current)

Copy of IRB Approval letter required at time of Subaward execution.

7. **Animal Subjects** ☐ **YES** ☐ **NO**

If "yes" Indicate the status of IACUC Review: ☐ **Current** ☐ **Pending**

Approval Date: **IACUC Number**:

PHS Animal Welfare Assurance Number: ☐ N/A

Copy of IACUC Approval letter required at time of Subaward execution.

8. **Recombinant DNA** ☐ **YES** ☐ **NO**

If "yes" Indicate the status of IBC Review: ☐ **Current** ☐ **Pending**

Approval Date: **IBC Approval Number:**

Copy of IBC Approval letter required at time of Subaward execution.

9. **Conflict of Interest**

☐ Sub awardee organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions, as applicable to the sponsor of this project, 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." or with the NSF Proposal and Award Policies and Procedures, NSF 14-1, February 2014, as amended. Subrecipient also certifies that, to the best of 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 resulting agreement.

☐ Sub awardee does not have an active and/or enforced conflict of interest (COI) policy and hereby agrees to implement and abide by the FDP COI Model prior to the executions of a subaward agreement.

Conflict of Interest - The Federal Demonstration Partnership (thefdp-archive.org)

Financial Conflict of Interest (FCOI) Clearinghouse - The Federal Demonstration Partnership (thefdp.org)

10. **Malign Foreign Talent Recruitment Program (MFTRP) and Research Security Training**

☐ Subawardee hereby certifies that all its personnel who will work on the project that is the subject of the subaward have certified that they are not part of any MFTRP, as required by the CHIPS and Science Act of 2022 and as required by the Prime Sponsor requirements.

The Organization Certifies they: (answer all questions below)

☐ has existing policies and procedures that meet the Foreign Talent Recruitment Program (FTRP) and Malign Foreign Talent Recruitment Program (MTRP) requirements of the CHIPS and Science Act of 2022 or;

Further, Subrecipient must require all its personnel who will be working on the project pursuant to this Agreement to disclose to FIU: (i) all their active participation in any FTRP at the time of execution of this Agreement, and (ii) immediately any new involvement with any FTRP that occurs after the execution of the Agreement but during the term of this Agreement. Subrecipient must, at the time of execution of this Agreement and annually thereafter during the term of this Agreement, provide a certification to FIU that none of Subrecipient's personnel working on the project for this Agreement are a party to a MFTRP. For the avoidance of doubt, no personnel working on this project may be a party to any MFTRP. Capitalized terms used in this paragraph are defined in the Harvard University Policy on Participation in Foreign Talent Recruitment Programs.

☐ Research Security Training: The Subrecipient hereby certifies that all Covered Individuals engaged in activities under this project have successfully completed research security training in accordance with the requirements set forth in Section 10634 of the CHIPS and Science Act of 2022. Furthermore, the Subrecipient agrees to maintain adequate documentation evidencing compliance with this training requirement and to make such records available upon request for verification purposes.

11. **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? ☐YES ☐NO (If "yes," explain in Section D *Comments* below.)

The Organization Certifies 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
☐ are	☐ are 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
☐ are	☐ are not	within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

12. **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 expended and 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 provision of contracts or 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 which would impact contract costs. If there are findings, submit a copy of the most report that describes the finding and steps to be taken to correct the finding.

SECTION C- AUDIT AND FISCAL COMPLIANCE

1. Does the subawardee receive an annual Single Audit in accordance with 2 CFR 200.501? ☐YES ☐NO
   If a subawardee does not receive a Single Audit, FIU may require a limited scope audit, before a subaward will be issued.

   If "yes": Has the audit been completed for the most recent fiscal year? ☐YES ☐NO

If "no" when is it expected to be completed:

Were any audit findings reported? ☐ YES ☐ NO

If "yes" explain in *Section D, Comments, below.*

A complete copy of the subawardee's most recent Single Audit, or the URL link to a complete copy, must be furnished to FIU.

If "no": Does the subawardee receive overall federal funding of at least $1,000,000 per year? ☐ YES ☐ NO

Subawardee is a: ☐ Non-profit entity (under federal funding threshold) ☐ Government entity
☐ Foreign entity ☐ For-profit entity

2. If your organization is not subject to a Single Audit, does it have annual financial statements that have been reviewed or audited by an independent audit firm?
   If *"yes"* please provide a copy of the statements for the most current year. If "No", explain in Section D below. ☐ YES ☐ NO

3. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a government agency or independent audit firm? If *"yes",* please explain in Section D below. ☐ YES ☐ NO

4. Does your organization have formal, written policies that address: pay rates and benefits, time and attendance, effort reporting, leave, travel, purchasing? If "no", please explain in Section D below. ☐ YES ☐ NO

5. Has your organization been determined to be a high or low risk auditee? ☐ HIGH ☐ LOW
   If determined to be a high risk auditee please explain in Section D below.

SECTION D- COMMENTS

Attach additional pages if necessary

APPRPOVED FOR SUBAWARDEE

The information, certifications, and representations above have been read, signed, and made by an authorized official of the Subawardee named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to Subawards 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 Subaward agreement are at the Subawardee's own risk.

Signature of Subawardee's Authorized Official	Address
Type or print name and title of Authorized Official	City, State, Zip
Federal Employer Identification Number (EIN)	Unique Entity ID (UEI)
Date	Email

FIU Use Only

FIU PI please explain the selection of the proposed Subawardee for this proposal. Attach additional pages if necessary.

Signature of FIU PI	Type or print of FIU PI	Date