

**SUBRECIPIENT COMMITMENT**

Complete sign and return to:

**Part I: To be completed by ALL subrecipients/contractors**

*Please complete the checklist of required documents and certifications. Form must be endorsed by the Subrecipient's Authorized Representative (AOR) prior to proposal submission.*

|                                                                                                                                                                                                                                          |                 |       |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|--------------------------------------------------------------|
| <b>A. Pass-Through Entity (PTE): Temple University-Of The Commonwealth System of Higher Education</b>                                                                                                                                    |                 |       |                                                              |
| RFA/RFP/PAR/PA #:                                                                                                                                                                                                                        | TEMPLE PI NAME: | eRA#: | FAIN#:                                                       |
| Title of Proposal:                                                                                                                                                                                                                       |                 |       |                                                              |
| Proposed Period of Performance:                                                                                                                                                                                                          | FROM:           | TO:   |                                                              |
| Subrecipient Performance Period if different:                                                                                                                                                                                            | FROM:           | TO:   |                                                              |
| Prime Sponsor:                                                                                                                                                                                                                           |                 |       |                                                              |
| <b>B. SUBRECIPIENT INFORMATION</b>                                                                                                                                                                                                       |                 |       |                                                              |
| Entity Name for the Agreement:                                                                                                                                                                                                           |                 |       |                                                              |
| SUBRECIPIENT PI Name, Email and Telephone Information:                                                                                                                                                                                   |                 |       |                                                              |
| Performance Site Address, City, State and Zip:                                                                                                                                                                                           |                 |       |                                                              |
| Authorized Official Contact Name, Email and Telephone Information:                                                                                                                                                                       |                 |       |                                                              |
| Financial Contact Name, Email and Telephone Information:                                                                                                                                                                                 |                 |       |                                                              |
| Administrative Contact Name, Email and Telephone Information:                                                                                                                                                                            |                 |       |                                                              |
| SUBRECIPIENT's Sponsored Programs Contact, Email and Telephone Information:                                                                                                                                                              |                 |       |                                                              |
| <b>C. PROPOSAL DOCUMENTS AND COMPLIANCE REQUIREMENTS      DOCUMENTS IN ERA</b>                                                                                                                                                           |                 |       |                                                              |
| The following ✓ documents are required from the subrecipient as part of Temple's proposal submission and covered by the certification below.                                                                                             |                 |       |                                                              |
| Statement of Work                                                                                                                                                                                                                        |                 |       |                                                              |
| Budget and Budget Justification                                                                                                                                                                                                          |                 |       |                                                              |
| Letter of Intent                                                                                                                                                                                                                         |                 |       |                                                              |
| Biographical Sketches:                                                                                                                                                                                                                   |                 |       |                                                              |
| Other Supporting Documents:                                                                                                                                                                                                              |                 |       |                                                              |
| <b>Cost Sharing:</b>                                                                                                                                                                                                                     | Yes             | No    | Amount \$                                                    |
| Facilities & Other Resources:                                                                                                                                                                                                            |                 |       |                                                              |
| <b>Subrecipient's Scope of Work includes:</b> Please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter, if applicabe. Forward to Temple's PI listed above all approval documents. |                 |       |                                                              |
| <b>Human Subjects:</b>                                                                                                                                                                                                                   | Yes             | No    | Pending      Approval Date:      Expiration:      Approval#: |
| Project Single IRB approval from:                                                                                                                                                                                                        |                 |       |                                                              |
| <b>Animal Subjects:</b>                                                                                                                                                                                                                  | Yes             | No    | Pending      Approval Date:      Expiration:      Approval#: |
| <b>Recombinant DNA:</b>                                                                                                                                                                                                                  | Yes             | No    | Pending      Approval Date:      Expiration:      Approval#: |
| <b>Stem Cells:</b>                                                                                                                                                                                                                       | Yes             | No    | Pending      Approval Date:      Expiration:      Approval#: |
| Does the subrecipient entity participate in the FDP Clearinghouse, <a href="https://fdpclearinghouse.org/organizations/">https://fdpclearinghouse.org/organizations/</a> ?      YES      NO                                              |                 |       |                                                              |
| <b>If No Complete Part II; If Yes sign and return along with requested ✓ documents.</b>                                                                                                                                                  |                 |       |                                                              |

Part II: To be Completed by Subrecipients/Subcontractors NOT participating in the FDP Clearinghouse

D. SPECIAL REVIEW & CERTIFICATIONS

1. Subrecipient Organization/Institution Information

Federal policy requires subrecipients of federal funds to be registered in (System for Award Management) SAM
Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) Yes No
If NO, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online
registration through the SAM home page at https://www.sam.gov. (Subrecipient must maintain current CCR information in SAM).

2. Mailing Address:

Checks mailed to (if different):

3. If not listed on FDP Clearinghouse: EIN# DUNS# UEI# Congressional District:

4. Facilities & Administration Rates included in this proposal have been calculated based on:

Our federally-negotiated F&A Rate for this type of work. Provide a F&A Agreement URL link below.
Link:

10% MTDC in accordance with CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

Other rates - Specify the basis below.

Not applicable (no indirect cost request for the subrecipient).

Comments:

5. Fringe Benefit Rates included in this proposal have been calculated:

based on rates consistent with or lower than our federally negotiated rates

based on our institutional policy - Specify below the basis on which rates are assessed and/or provide a link to policy.

Comments:

Other rates - Specify below the basis on which the rate is calculated.

Comments:

6. Human Subjects:

Does your organization/institution have a Federalwide Assurance (FWA) Number? No Yes -Provide FWA #

7. Responsible conduct of Research (RCR) (for NSF-funded projects only):

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 “American COMPETES Act” PUBLIC LAW 110-69-August 9, 2007. Yes No

My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance
with NSF’s RCR requirements. Yes No

8. Conflict of Interest:

Temple University requires that a subrecipient conducting funded research “maintain an up-to-date, written and enforced policy on
financial conflicts of interest.” The subrecipient must disclose in writing any potential conflict of interest to Temple University in
accordance with Temple’s policy and the applicable awarding agency policy.

(Please check one box):

Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that conforms to 42
CFR Part 50.604 Subpart F and that 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. (Skip to Section 9).

Subrecipient does not have an active and/or enforced conflict of interest policy consistent with 42 CFR Part 50.604 Subpart F and
agrees to develop a policy consistent with 42 CFR Part 50.604 Subpart F prior to receiving this award.

The Federal Demonstration Partnership (FDP) has developed a model Financial Conflict of Interest Policy to assist potential
subrecipient institutions that do not have a policy or disclosure form in place. Subrecipient entities without an approved FCOI policy
can use this model template to create their own FCOI. The template, along with additional information can be found here: FDP
Conflict of Interest.

**9. 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 (explain below) No

**Comments:**

The organization/institution 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
- 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.

If "are", explain:

**E. FISCAL STATUS:**

**10. Audit Status**

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

Subrecipient Receives an Annual Audit in Accordance to OMB Guidance? Yes No

Does the subrecipient have some other form of Individual Audit to verify status? Yes No

Most recent fiscal year audit completed: Were there any findings? Yes No

Provide URL for most recent audit

**11. Fiscal Responsibility**

The organization/institution certifies that its financial system is in accordance with generally accepted accounting principles. (check all that apply):

- 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 recent report that describes the finding and steps to be taken to correct the finding.

**SUBRECIPIENT CERTIFIES THE FOLLOWING:**

The information, certifications, and representations above have been read, signed and made by an authorized official of the subrecipient 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. **Subrecipient understands that any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.**

\_\_\_\_\_  
Signature of Authorized Official for Subrecipient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address of Authorized Official