

RUTGERS UNIVERSITY SUBRECIPIENT COMMITMENT FORM



Rutgers University requires completion of the Subrecipient Commitment Form for all proposed subrecipients at the time of proposal submission to the prime sponsor. Subrecipient agreements cannot be fully executed without a complete and up-to-date form. If you have any questions regarding the completion of the Subrecipient Commitment Form, please contact the RU Office of Research and Sponsored Programs (ORSP) at ru_subawards@ored.rutgers.edu.

The subrecipient's budget, budget justification, statement of work (SOW), Subrecipient Commitment Form are required to RU's ORSP five (5) business days before sponsor deadline.

FOR INTERNAL USE ONLY

SUBAWARD NUMBER

DATE RECEIVED

PRIME INFORMATION	Rutgers University Information					
	Rutgers Principal Investigator		Rutgers Period of Performance			
	Prime Sponsor					
	Project Title					
SUBRECIPIENT INFORMATION	Institution		Project			
	Subrecipient Legal Name and Address (as listed in SAM.gov)		Address Where Research Will be Performed			
	Zip (+4)	Congressional District	Zip (+4)	Congressional District		
	DUNS Number	EIN	Subrecipient Principal Investigator			
	Type of Organization		Subrecipient Period of Performance	Subrecipient Requested Amount		
PROPOSAL DOCUMENTS	The following documents are included in our proposal submission and covered by the certifications below					
	Required Documents:		As Applicable Per Sponsor Requirements:		Other Documents:	
	Statement of Work (SOW)		Attach Biosketch		Other Documents	
	Budget		Attach Other Support			
	Budget Justification				Other Documents	
Statement of Intent						
COMPLIANCE INFORMATION	Our scope of work includes:					
	Human Subjects		Approval Date:		Pending	
	Human Stem Cells		Approval Date:		Pending	
	Animal Subjects		Approval Date:		Pending	
	<p><i>Subrecipient's IRB and/or IACUC approval must be provided to Rutgers Office of Research and Sponsored Programs, when available, before a subaward will be issued. Please forward these documents as soon as they become available.</i></p> <p><i>If your organization does not have approval, attach an explanation on how your organization will comply with all U.S. federal regulations and policies for the protection of human and animal subjects.</i></p>					
<input type="checkbox"/> Yes <input type="checkbox"/> No If human subjects are involved, have all Key Personnel completed Human Subjects Training?						
BUDGET INFORMATION	Facilities and Administrative (F&A) Rates					
	We have applied rates consistent with or lower than our federally-negotiated rates. Our negotiated rate agreement is: Attached Available at:					
	We do not have a federally-negotiated F&A rate, but have applied: A 10% de minimus rate (the 10% rate will apply to subsequent subawards to your institution from Rutgers until you elect to negotiate an F&A rate).					
We have applied other rates as required by the prime sponsor policies/guidelines. (Note: NIH foreign/international organizations rate is 8% of MTDC.)						

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
OFFICE OF RESEARCH AND SPONSORED PROGRAMS
SUBRECIPIENT COMMITMENT FORM**

CERTIFICATIONS	Fringe Benefit Rates		
	We have applied rates consistent with or lower than our federally-negotiated rates. Our negotiated rate agreement is:		
	Attached	Available at:	
	We do not have a federally-negotiated fringe benefit rate and have applied actual fringe benefits (specify the benefit categories in the Comments)		
	We have applied other rates (specify the basis on which rates have been calculated, including elements used in calculation, in the Comments)		
	Cost Sharing		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subrecipient Amount Requested	<i>Cost sharing amounts and justification should be included in the subrecipient's budget and justification.</i>
	Conflict of Interest (COI). Select One:		
	<p>Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.) or any other sponsor that has adopted the financial disclosure requirements (NSF, etc.).</p> <p>Subrecipient Organization/Institution 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of the Institution's knowledge, (1) all financial disclosures will be 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 expenditures of any funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.</p> <p>Subrecipient does not have an active and/or enforced COI policy, but will have a PHS compliant policy in place and published at the time of award.</p> <p>Subrecipient does not have an active and/or enforced COI policy and agrees to adopt Rutgers policy and training located online at http://policies.rutgers.edu/sites/policies/files/90.2.5%20-%20current_0.pdf</p> <p>By signing below, subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any PHS funding.</p>		
	Debarment and Suspension. Answer All:		
-Subrecipient, the PI, or any other employee or student participating in this project are*/ are not debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contracts, or activities.			
-Subrecipient, the PI, or any other employee or student participating in this project are*/ are not presently indicted for, or otherwise criminally or civilly charged by a government entity.			
-Subrecipient has*/ has not within the last three (3) years preceding this offer, been convicted of or had a civil judgement 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.			
-Subrecipient has*/ has not within the last three (3) years preceding this offer, had any contract terminated for default by any federal agency. *If checked, explain below.			
Required Institutional Systems.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the subrecipient have a self-balancing set of accounts recording cash and other financial resources which are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the subrecipient have a procurement system which can record and segregate goods and services for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations?		
SIGNATURE	Approved for Subrecipient		
	The information, certifications, and representations above have been read, signed, and made by an authorized institutional official of the subrecipient. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. The subrecipient institution has the ultimate responsibility for informing Rutgers of any changes to the information captured above. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.		
	Name and Title of Subrecipient Official		Phone
	Email		
	Signature of Authorized Institutional Official		Phone
Name and Title of Authorized Institutional Official		Date	
Email			