Cal State L.A. University Auxiliary Services, Inc.
Office of Research and Sponsored Programs

Subrecipient Commitment Form

Subrecipient Information

Subrecipient Legal Name:
Subrecipient's PI Name: UAS PI:
UEI #
Subrecipient "Principal Place of Performance" address
Street: Congressional District:
City: State: Zip+4 (US):
Prime Sponsor:
UAS Proposal Title:
Subrecipient Total Funds Requested: Performance Period Begin:
Subrecipient Cost Share Amount: Performance Period End:
(Cost sharing amount and details should be reflected in Subrecipient's budget)

Section A. Proposal Documents

- [x] Statement of Work (required)
- [x] Budget and Budget Justification (required)
- [x] This Subrecipient Commitment Form completed and signed by Subrecipient's Authorized Representative (required)
- [ ] Small/Small Disadvantaged Business Sucontracting Plan, in agency-required format (required for proposals over $550,000)
- [ ] Biographical Sketches of Key Personnel, in agency-related format (required)
- [ ] A Letter of Support from Subrecipient's Authorized Representative (optional)
- [ ] Cost Share Commitment Letter (if applicable)
- [x] Other: Audited Financial Statements

Section B. Special Review and Certifications

1. Facilities and Administrative (F&A) rates included in this proposal have been calculated based upon the following:

- [ ] Subrecipient's federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. (*If this is selected, a copy of your F&A rate agreement or a URL link to the agreement must be provided to UAS.*)
- [ ] Other rates (please specify the basis on which the rate has been calculated in the Section E: Comments below.)
- [ ] Not applicable (no indirect cost is being requested by Subrecipient)

2. Fringe benefit rates included in this proposal have been calculated based on:

- [ ] Rates consistent with or lower than our federally negotiated rates. (If this box is checked, include a copy of your F&A rate agreement or a URL link to the agreement.)
- [ ] Based on actual rates.
- [ ] Other rates (please specify the basis on which the rate has been calculated below.)

3. Cost Share:

When required by a funding agency, subrecipient must also include cost share amounts, sources, and description of items in the subrecipient's budget and budget justification.

☐ Yes ☐ No

Amount: _____ Source: _____

4. Subrecipient Business Status:

☐ Large Business
☐ Institution of Higher Education
☐ Foreign Owned
☐ Small Disadvantaged Business (SDB)* (8a)*
☐ Women-owned small business (WOSB
☐ Veteran-owned small business (VOSB)
☐ Minority Serving Institution (e.g., HBCU, HSI, MI, etc.)
☐ Small Business
☐ Nonprofit Organization
☐ For profit organization
☐ Service-disabled veteran-owned business (SDVOSB)
☐ HUBZone small business*
☐ Alaska Native Corporation (ANC) (43USC1601)

*If a small business, identify business classification (*certified by the Small Business Administration)

Section C. Regulatory Approvals

1. Human Subjects:

☐ Yes ☐ No

Exemption Number of IRB Approval Date: _____ IRB Pending ☐

IRB Number: _____

If answer to the above is "Yes" copies of the determination of exemption or IRB approval must be provided before any subaward will be issued. Please send the documents to UAS Office of Grants and Contracts as soon as they become available. Please indicate the UAS PI's name, Project Title, and subcontract number (for reference), if available.

If "Yes" and **NIH funding is involved**

Have all key personnel involved completed human subjects training?

☐ Yes ☐ No ☐ Pending Award

Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm) as required by NIH.

Does your organization/institution have a Federalwide Assurance (FWA) Number?

☐ Yes ☐ No If "Yes" provide number: _____

2. Animal Subjects:

☐ Yes ☐ No Approval Date: _____ IACUC Number: _____

If "Yes" copies of the IACUC approval must be provided before any subaward will be issued. Please obtain approval and forward required documents to the UAS Office of Grants and Contracts, as soon as they become available. Please indicate the UAS PI's name, Project Title, and subaward number (for reference), if available.

3. Recombinant DNA/Biohazard/Radioactivity:

☐ Yes ☐ No

If "Yes" copies of the approval must be provided before any subaward will be issued. Please obtain approval and forward required documents to the UAS Office of Grants and Contracts, as soon as they become available. Please indicate the UAS PI's name, Project Title, and subaward number (for reference), if available.

4. Responsible Conduct of Research (RCR):

☐ **National Institutes of Health (NIH)**
Please visit the NIH policy web page for more information:
https://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-122.html

☐ **National Science Foundation (NSF)**
Please visit the NSF policy web page for more information:
https://www.nsf.gov/bfa/dias/policy/rcr.jsp

☐ Not applicable because this project is not being funded by NSF or NIH.

5. Misconduct in Research:

☐ Subrecipient **has established** a Misconduct in Research/Research Integrity policy that complies with federal regulations.

☐ Subrecipient does not have a Misconduct in Research/Research Integrity policy that complies with federal regulations.

6. Conflict of Interest *(applicable to PHS*, NSF, or any 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 provisions 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 UAS'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 PHS FCOI financial disclosure requirements.

7. Affirmative Action Compliance:

Indicate in accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2) that your organization has:

☐ a written affirmative action program has been developed and is on file

☐ a written affirmative action program has not been developed and is not on file

☐ not previously had contracts subject to the written affirmative action programs

8. Export Control Compliance:

Does this project involve data, information, technology, etc. that may be subject to export control laws?

☐ Yes ☐ No

* If applicable, sub-recipient hereby certifies that it understands and will comply with any and all applicable export control laws and regulations of the United States of America.

9. 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.

10. 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.

☐ 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

11. System for Award Management (SAM):

The Subrecipient is registered in the System for Award Management (SAM) via SAM.gov and that its registration is current:

☐ Yes ☐ No

Section D. Audit Status

1. OMB Uniform Guidance Audit Status:

Does the Subrecipient receive an annual audit in accordance with OMB Uniform Guidance?

☐ Yes ☐ No *(If "NO", please complete "Financial Status Questionnaire")*

Has the audit been completed for the most recent fiscal year?

☐ Yes ☐ No

If "No", when is it expected to be completed: (mm/dd/yy)

Were any audit findings reported? (If "yes", explain in Section E: Comments below) ☐ Yes ☐ No

Note: A complete copy of Subrecipient's most recent report, or the Internet URL link to a complete copy must be furnished to Cal State L.A. University Auxiliary Services, Inc. before a subaward will be issued. URL:

If "No", does the Subrecipient receive overall federal funding of at least $750,000 per year?

☐ Yes ☐ No (If "No", skip Item below)

Subrecipient is a:

☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate
☐ For-profit entity that does not expend Federal funds or have annual audits
☐ Foreign entity

Note: If Subrecipient does not receive an OMB Uniform Guidance audit, Cal State L.A. University Auxiliary Services, Inc. will require the Subrecipient to complete an Audit Certification and Financial Status Questionnaire, and may require a limited scope audit before a subaward will be issued.

2. Federal Funding Accounting and Transparency Act (FFATA):

If the source of the subcontract is federal funds and the prime contract is $25,000 or more, answer the following:

1.) In the preceding fiscal year has the organization received:
   a) 80 percent or more of its annual gross revenues in federal awards; and
   b) $25,000,000 or more in annual gross revenues from federal awards; and
2.) The public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986 [26 USC § 6104].

☐ Yes

Provide the names and compensation information for the top five highest paid employees below:

☐ No

☐ Entity does not need to provide the name and compensation information

Section E. Comments *(please attach additional pages if necessary)*

Section F. Approvals for Subrecipient

Programmatic and administrative personnel in this application are aware of subaward policy and are prepared to establish necessary agreements required by those policies.

Work is not authorized to begin until an agreement fully-executed by both parties is in place. Any work begun and/or expenses incurred by the subrecipient prior to said execution of a subaward agreement are at the subrecipient's own risk.

The information, certifications, and representations above have been read, signed, and are hereby confirmed by the subrecipient's **authorized official listed below**.

Signature of Subrecipient's Authorized Official: _____ Date: _____

Name and Title of Authorized Official: _____

Subrecipient's Employee Identification Number (EIN): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name and Title of Administrative Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Financial Status Questionnaire Form

(To be completed if institution does not have annual audit in accordance with OMB Uniform Guidance.)

Institution Legal Name:

General Information

☐ Y ☐ N **1.** Does your organization have its financial statements reviewed by an independent public accounting firm? **(Please enclose a copy of the most recent financial statements for your organization, audited or unaudited.)**

☐ Y ☐ N **2.** Are duties separated so that no one individual has complete authority over an entire financial transaction?

☐ Y ☐ N **3.** Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

☐ Y ☐ N **4.** Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a governmental agency or an independent public accountant? If so, explain. **(Please provide a copy of any recent external audit report.)**

Cash Management

☐ Y ☐ N **1.** Are all disbursements properly documented with evidence of receipt of goods or performance of services?

☐ Y ☐ N **2.** Are all bank accounts reconciled monthly?

Payroll

☐ Y ☐ N **1.** Are payroll charges checked against program budgets?

2. What system does your organization use to control paid time, especially time charged to sponsored agreements?

Property Management

☐ Y ☐ N **1.** Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

☐ Y ☐ N **2.** Are there effective procedures for authorizing and accounting for the disposal of property and equipment?

☐ Y ☐ N **3.** Are detailed property records periodically checked by physical inventory?

4. Briefly describe the organization's policies concerning capitalization and depreciation.

Procurement

☐ Y ☐ N **1.** Are there procedures to ensure procurement at competitive prices?

2. Is there an effective system of authorization and approval of:

☐ Y ☐ N **a)** capital equipment expenditures?

☐ Y ☐ N **b)** travel expenditures?

Cost Transfers

1. How does the organization ensure that all cost transfers are legitimate and appropriate?

Indirect Costs

☐ Y ☐ N **1.** Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? If so, explain. **(Please provide a copy of any negotiated indirect cost rate agreement.)**

☐ Y ☐ N **2.** Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? If so, explain.

Cost Sharing

1. How does the organization determine that it has met cost sharing goals?

Compliance

☐ Y ☐ N **1.** Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

☐ Y ☐ N **2.** Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds?

3. **Please provide a list of recent state or federal grants, contracts or cooperative agreements your organization has received and the award amount.**

Attachments

☐ Y	☐ N	**Recent Financial Statements External Review or Audit Report**
☐ Y	☐ N	**Financial Statements, Audited or Unaudited**
☐ Y	☐ N	**Indirect Cost Rate Agreement**
☐ Y	☐ N	**List of State and Federal awards**

Authorized Official Signature

Date

Name/Title of Authorized Official