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

Subrecipient Federal Demonstration Partnership Commitment Form

General Information

Subrecipient Institution Name				
Subrecipient PI Name				
Subrecipient PI Email				
Subrecipient PI Phone				
Prime Sponsor				
Project Title				
Project Period	**Begin Date**		**End Date**	

Subrecipient Institution Information

UEI #		**EIN/TIN #**	
Type of Business			
FDP Expanded Clearinghouse Profile url			
Subrecipient PI Name			
Subrecipient PI eRA Commons			
Subrecipient NSF ID			
Performance Site Address	**Street:**		
	City:	**State:**	**Zip code +4:**
Performance Site Congressional District #			

Direct Costs		**F&A Costs**		**Total Costs**	
Subrecipient Cost Share amount (if applicable)					

Proposal Documents

1. **Statement of Work (required)**
2. **Budget and Budget Justification (required)**
3. **This Subrecipient Commitment Form completed and signed by Subrecipient's Authorized Representative (required)**
4. **Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposals over $550,000)**
5. **Biographical Sketches of Key Personnel, in agency-related format (required)**
6. **A Letter of Support from Subrecipient's Authorized Representative (optional)**
7. **Cost Share Commitment Letter (if applicable)**
8. **Other:**

Subrecipient Contacts

Administrative Contact		**E-Mail**	
		Phone	

Financial Contact		**E-Mail**	
		Phone	

Authorized Official		**E-Mail**	
		Phone	

	Yes/No	**Approval Date / Number and/or Pending**		**Yes/No**	**Approval Date / Number and/or Pending**
Human Subjects			**Recombinant dNA**		
Vertebrate Animals			**Program Income**		
Human Embryonic Stem Cells			**Cost Sharing *if YES, must be detailed and justified in subrecipient budget**		

Comments ***(please attach additional pages if necessary)***

Name	
Title	

_____

Signature

_____

Date