



Virginia Commonwealth University
Office of the Vice President for
Research and Innovation
Division of Sponsored Programs

Subrecipient Commitment Form

Pass-Through Entity (PTE) Virginia Commonwealth University (VCU)		RAMS-SPOT FP# (if known)	
PTE PI Name		Prime Sponsor	
Solicitation No.	Sponsor Due Date	Performance Start Date	Performance End Date
Proposal Title			

Sections below to be completed by the subrecipient organization

A. Subrecipient Organization

Subrecipient Organization's Legal Name		
UEI	EIN	
Subrecipient Institution maintains an active profile in the FDP Expanded Clearinghouse: Yes >> Complete sections A-G then STOP and return signed form No >> Complete sections A-J and return signed form		
Administrative Contact Name and Title	Email	Phone
Subrecipient PI Name	Email	Phone

B. Subrecipient Performance Site

Address	City
State/Country	ZIP + 4/Postal Code
	Congressional District

C. Subrecipient Budget Request

Direct Costs	Indirect Costs	Total Costs
Cost-sharing Amount (must be in budget and budget justification)		Program Income Yes No

D. Compliance Information

Human Subjects	Yes	No	Vertebrate Animals	Yes	No
Export Controls -- Subrecipient anticipates the use, transfer or development of items, software or technology that is export-controlled					
Yes	No	Unknown at this time			

E. Proposal Documents Provided

Required	As applicable per sponsor requirements
Statement of Work	Current and Pending (Other) Support
Detailed Budget	Subrecipient Interest Disclosure <i>(if relying on VCU's COI Policy)</i>
Budget Justification	Other <i>(please describe below)</i>
Key Personnel Biosketches	

F. Sponsor-required Certifications *(select all that apply)*

All key personnel have disclosed in the relevant proposal documents (i.e., biosketches and Current and Pending (Other) Support) any international appointments or affiliations (paid or unpaid) or financial or in-kind support received from a foreign entity in the past 12 months.

If NIH-funded and the Subrecipient is a foreign entity, Subrecipient certifies it has reviewed [NOT-OD-23-182](#) and is willing to abide by all requirements in the event a subaward is issued.

G. Subrecipient Approvals

This proposal has been reviewed and approved, and any information, certifications, and representations in the proposal and in this Subrecipient Commitment Form (including attachments) have been made by an authorized official of the Subrecipient, attesting to its accuracy, completeness, and compliance with the awarding agency's policies. Subrecipient further attests that any subsequent additions, revisions, or modifications related to this proposal will be accurate, complete, and in compliance with the awarding agency's policies. The appropriate programmatic and administrative personnel are aware of the awarding agency's policies, intend to accept the obligation to comply with award terms, conditions, and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

Further, if abiding by VCU's Conflicts of Interest in Research policy, Subrecipient and each of Subrecipient's COI Investigators, have read and understand said policy, will make all required reports, and, prior to expenditure of any awarded funds, if applicable, shall obtain an account in the VCU Activity & Interests Reporting System, complete the COI training, the electronic Financial Interest Report and work with VCU to reduce, manage, or eliminate any conflicts of interest, if any.

Subrecipient organization certifies that required disclosures will be completed by each investigator prior to engaging in research.

Subrecipient organization acknowledges that any work begun and/or expenses incurred prior to the execution of a subaward agreement is at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Official

Date

Typed Name and Title of Subrecipient's Authorized Official

Contact for Agreement Negotiation

Phone

Email

H. Non-FDP Expanded Clearinghouse Subrecipient Organization Information

Administrative Address		
City	State/Country	Zip + 4/Postal Code
Indirect Cost Rate <i>(select one)</i> Subrecipient's federally-negotiated rate has been applied and a copy of the rate agreement is attached Rate limitation applies as stipulated by the prime sponsor's policies and/or guidelines Rate: _____ Base Type: _____ Subrecipient does not have a federally-negotiated rate and has elected to apply the 10% de minimis rate <i>(Federally-funded projects only. If applicable, prime sponsor's limitation supersedes.)</i> Indirect costs will not be charged on this project		
Maintains an active SAM.gov registration	Yes	No
Files an annual Single Audit in accordance with 2 CFR 200, Subpart F	Yes	No
Has established accounting and procurement systems	Yes	No
Institution Type <i>[select from dropdown]</i>		
Human Subjects Federalwide Assurance (FWA) Number	Animal Welfare Assurance Number	

I. Debarment and Suspension *(select all that apply)*

Subrecipient, the PI or any other employee or student participating in this project 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 not presently indicted for, or otherwise criminally or civilly charged by a government entity. Subrecipient has 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.

Subrecipient has not within three (3) years preceding this certification, had any contract terminated for default by any federal agency.

Subrecipient cannot certify to any of the above. Explanation provided below:

J. Financial Conflict of Interest (FCOI) Compliance Statement *(select one)*

Subrecipient 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 related to the activities that may be funded by or through a resulting agreement, are up to date as required by its conflict of interest policy; (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 (3) all identified conflicts and resultant management plans will be reported to VCU's Office of Sponsored Programs to enable compliance with federal reporting requirements.

Not applicable because this project is not funded by NIH, NSF, or another sponsor that has adopted the federal financial disclosure requirements. See [Agencies Using the PHS FCOI Regulations](#) for more information.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by VCU's [Conflicts of Interest in Research](#) policy and additionally affirms the following:

Subrecipient has reviewed VCU's [Conflicts of Interest in Research](#) policy

Each of Subrecipient's COI investigators has submitted a completed [Subrecipient Interest Disclosure Form](#)

Failure to provide completed, signed Subrecipient Interest Disclosure Forms as required will prevent proposal submission.