

**WELLESLEY COLLEGE**

106 Central St. Wellesley, MA 02481-8203

**SUBRECIPIENT COMMITMENT FORM**

Subrecipient Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subrecipient Pl Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performance Period: Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  SECTION A - Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

🞐 Statement of Work (**required**)

🞐 Budget and Budget Justification (**required**)

🞐 Biosketches of all Key Personnel, in agency-required format

🞐 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞐 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  SECTION B - Certifications

**1. Facilities and Administrative Rates** included in this proposal have been calculated based on:

🞐 Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. (Please provide a copy of the agreement)

🞐 Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)

**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, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)*

 🞐 Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).

## 3. Human Subjects 🞐 Yes 🞐 No Approval Date:

***If "Yes":*** *Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to Cary Institute’s Grants Office as soon as they become available.*

## *If "Yes"*: Have all key personnel involved completed Human Subjects Training? 🞐 Yes 🞐 No

1. **Animal Subjects 🞐 Yes 🞐 No Approval Date:**

***If "Yes":*** *A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to Cary Institute’s Grants Office as soon as it becomes available.*

1. **Conflict of Interest (applicable to PHS and other sponsors that have adopted the federal financial disclosure requirements)**

🞐 Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

🞐 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.” Subrecipient also certifies that, to the best of Institution’s knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or though a resulting agreement, and 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) if an FCOI related to the work on Prime’s award is identified, the subrecipient will notify the Cary Institute Grants Office within 30 days of subrecipient PI’s disclosure.

🞐 Subrecipient does not have an active and/or enforced conflict of interest policy but will adopt the COI FDP Model Policy to be found at: <http://sites.nationalacademies.org/PGA/fdp/PGA_061001>

## Debarment and Suspension

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** 🞐 **No**

(**if “Yes”,** explain in Section D *Comments* below)

The Subrecipient certifies 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 government entity. |
| 🞐have | 🞐have not | within three 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 of 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 years preceding this offer, had one or more contracts terminated for default by any federal agency. |

##  SECTION C - Audit Status

1. **Audit Status**

🞐 Subrecipient receives an annual audit in accordance with OMB Circular A-133.

Most recent fiscal year completed: FY

Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) 🞐 **Yes** 🞐 **No**

**Please attach a complete copy of your most recent A-133 audit report or provide the URL link to a complete copy.**

🞐 Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.

Subrecipient is a: 🞐 Non-profit entity (under federal funding threshold)

🞐 Foreign entity

🞐 For profit entity

 🞐 Government entity

##  SECTION D - Comments

**APPROVED FOR SUBRECIPIENT**

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. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient’s own risk.**

Signature of Subrecipient’s Authorized Official Legal Name of Subrecipient’s Organization/Institution

Name and Title of Authorized Official Address

Email City, State, Zip

Phone Federal Employer Identification Number (EIN)

Date DUNS or DUNS+4 number

Subrecipient’s Congressional District:

SAM Registered: Yes No