



Office of Sponsored Research and Programs
Metropolitan State University of Denver (MSU Denver)

SUBRECIPIENT COMMITMENT FORM

A. PRIME PROPOSAL INFORMATION	
SPONSOR:	SOLICITATION #:
MSU DENVER PI NAME:	
PROJECT TITLE:	

B. SUBRECIPIENT INFORMATION (Must be completed)	
1. SUBRECIPIENT'S LEGAL NAME: ADDRESS (include "+4" zip code): UEI #: EIN #: CONGRESSIONAL DISTRICT:	2. SUBRECIPIENT PI (Legal Name and Title): ADDRESS: PHONE: FAX: EMAIL:
3. SUBRECIPIENT BUSINESS/FINANCIAL CONTACT: ADDRESS: PHONE: FAX: EMAIL:	4. SUBRECIPIENT AUTHORIZED OFFICIAL (Legal Name and Title): ADDRESS: PHONE: FAX: EMAIL:
5. TYPE OF ORGANIZATION <input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Government <input type="checkbox"/> Individual <input type="checkbox"/> University	
6. Subrecipient SAM.gov Registration is Current <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. REQUIRED PROPOSAL DOCUMENTS	
<input checked="" type="checkbox"/> Scope of Work (required)	
<input checked="" type="checkbox"/> Budget and Budget Justification (required)	
PERIOD OF PERFORMANCE:	TOTAL AMOUNT REQUESTED:
<input type="checkbox"/> Biosketches and Other Support	
<input type="checkbox"/> Other (please list):	

D. APPLICABLE RATES
1. Facilities and Administration (F&A) Rate: _____ % Please check one of the following: <input type="checkbox"/> Subrecipient's federally negotiated F&A rate for this type of work. (A copy of the subrecipient's F&A rate agreement must be provided to MSU Denver before a subaward will be issued.) <input type="checkbox"/> Other rate (please specify the basis on which the rate has been calculated):

2. Fringe Benefit Rate: _____ %

Please check one of the following:

- Consistent with or lower than the subrecipient's federally negotiated fringe benefit rate. (A copy of the subrecipient's fringe benefit rate agreement must be provided to MSU Denver before a subaward will be issued.)
- Other rate (please specify the basis on which the rate has been calculated):

E. ASSURANCES

1. 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 the subrecipient is owned by a parent entity, is the parent entity debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

- No Yes (please explain):

The organization/institution certifies that it: (answer all questions below)

is is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts;

is is not presently indicted, or otherwise criminally or civilly charged, by a governmental entity;

is is not within three (3) years preceding this offer, 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;

is is not within three (3) years preceding this offer, subject to contract(s) termination by any federal agency for default.

2. Conflict of Interest

42 CFR Part 50.604 requires that institutions conducting PHS-funded research "Maintain an up-to-date, written, enforced policy on financial conflicts of interest." Further, "If the Institution carries out the PHS-funded research through a subrecipient (e.g., subcontractors or consortium members), the Institution (awardee institution) must take reasonable steps to ensure that any subrecipient Investigator complies with this subpart by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient's Investigators."

Subrecipient hereby certifies that it has a conflict of interest policy that complies with 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of the organization/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 a resulting agreement.

Subrecipient does not have a conflict of interest policy that complies with 42 CFR, Part 50, Subpart F. Subrecipient adopts conflict of interest policy on MSU Denver website: [Conflict of Interest | Policy | MSU Denver](#)

Not applicable because this project is not funded by the NIH, AHRQ, ATSDR, CDC, FDA, HRSA, IHS, SAMHSA, or any other sponsor that has adopted these federal financial disclosure requirements.

3. Fiscal Responsibility

The organization/institution certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply):

has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they were received;

maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations, and the provision of contracts or grants;

complies with applicable laws and regulations; and
 can prepare appropriate financial statements, including the schedule of expenditures of federal awards.

4. Audit Status
 Subrecipient receives an annual audit in accordance with 2 CFR 200 Part 500

Most recent fiscal year audit completed: _____
Were there any findings? Yes No
URL for the subrecipient's most recent audit report: _____

Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR 200 Part 500

Subrecipient is a: Non-profit entity (under federal-funding threshold) Foreign entity
 For-profit entity Government

F. CERTIFICATIONS

1. Human Subjects
Will human subjects be involved in subrecipient's portion of this project?
 Yes No
If yes, Federal Wide Assurance #: _____ Date approved: _____

2. Animal Subjects
Will animal subjects be involved in subrecipient's portion of this project?
 Yes No
If yes, IACUC #: _____ Date approved: _____

3. Recombinant DNA:
Will recombinant DNA be involved in subrecipient's portion of this project?
 Yes No

4. Stem Cells:
Will stem cells be involved in the subrecipient's portion of this project?
 Yes No

5. For Clinical Trials, please provide the following: maximum patient enrollment, per patient amount, and, if applicable, the Institutional Review Board (IRB) fee required by the subrecipient.

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.

Subrecipient Authorized Official

Date

Printed Name and Title