Office of Research and Sponsored Programs
Subrecipient Commitment Form

WAKE FOREST UNIVERSITY

WFU PI: _____   Department/School: _____

Sponsor: _____   Period of Performance: _____

Proposal Title: _____

To be completed by the subrecipient organization

Legal name: _____   DUNS: _____

Address, City, State, Zip+4 _____

EIN: _____   Congressional District: _____   Institution Type: _____

Registered in SAM? ☐ Yes ☐ No   Is performance site address the same as above? ☐ Yes ☐ No *If no, complete below*

Address, City, State, Zip+4 _____

Subrecipient PI: _____   Department: _____

Phone: _____   Email: _____   eRA Commons ID: _____

Administrative Contact: _____   Title: _____

Phone: _____   Email: _____

Budget Requested: _____   ☐ Cost Reimbursable   ☐ Fixed Price

Subrecipient certifications

Facilities and Administrative (F&A) Costs included in this proposal have been calculated based on:

☐ Federally-negotiated rate for this type of work

☐ Not applicable (no F&A costs are requested)

Human Subjects   ○ Yes ○ No   Institutional Assurance Number: _____

Vertebrate Animals   ○ Yes ○ No   Animal Welfare Assurance Number: _____

Cost Sharing   ○ Yes ○ No   Amount: _____

Debarment and Suspension

Is the Subrecipient Organization, PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities?

○ Yes   ○ No

Export Controls

Subrecipient is responsible for maintaining its compliance with federal export control laws and procedures if applicable.

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Responsible Conduct of Research (RCR)

☐ Not applicable because this proposal is not being submitted to NSF or NIH

☐ Subrecipient certifies it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will receive the training in the responsible and ethical conduct of research.

Conflicts of Interest (COI)

☐ Not applicable because this project will not be funded by NIH, NSF, or any other sponsor that has adopted the federal financial disclosure requirements

☐ Subrecipient does not have an active and/or enforced COI policy and agrees to follow by WFU's policy and related procedures. See policy at: http://research.wfu.edu/files/2014/02/107WFUCOI812.pdf

☐ Subrecipient certifies that it has an active and enforced COI policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures will be made related to the activities that may be funded by or through a resulting agreement, and required by its COI policy, and (2) all identified financial conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's COI policy prior to the expenditures of any funds under any resultant agreement and within a manner sufficient to enable timely FCOI reporting.

Subrecipient certifies that all investigators have completed, or will complete, training related to COI.

Audit Status

☐ Subrecipient is required to have an annual audit in accordance with OMB Circular A-133 or 2CFR200 as applicable

Most recent fiscal year completed: FY ____

☐ Subrecipient does not receive an annual audit in accordance with OMB Circular A-133 or 2CFR200 as applicable because:

    ☐ Nonprofit entity under federal funding threshold

    ☐ Foreign entity

    ☐ For-profit entity

    ☐ Other (please explain) _____

The information, certifications and representations above have been read and approved 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 agreement 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 Authorized Official   Date

_____

Name and Title of Authorized Official

Please submit this form along with the Statement of Work, Budget and Budget Justification, and F&A Rate Agreement

For WFU use only

_____

Signature of WFU Reviewer   Date