



# Subrecipient Commitment Form

Please have this form completed by someone who (a) is knowledgeable about your organization’s business processes and (b) possesses information on the scope of work to be carried out by your organization’s Principal Investigator/ Project Director. The form must be approved and signed by your organization’s Authorized Organizational Representative (AOR). This is the individual who has the authority to legally bind your organization in grants administration matters. For guidance on completing this form please contact the Office of Sponsored Projects (OSP) at [osp@chaminade.edu](mailto:osp@chaminade.edu).

<b>SECTION A: CUH Proposal Information</b> – <i>To be completed by the CUH PI (or delegate) prior to submission to OSP.</i>	
DATE: _____	
Project Investigator/ Director:	Grant/ Proposal/ Fund
Project Title:	
Name of Subrecipient:	
Subrecipient Start Date:	Subrecipient End Date:
<b>SECTION B: Subrecipient Eligibility</b> – <i>To be completed by the Subrecipient prior to submission to OSP.</i>	
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt defined in OMB Circular A-129, “Managing Federal Credit Programs”?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your PI (or any other employee/ student planning to participate in this project) debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?
<b>Attach an explanation for any “Yes” answer to questions 1-4 above.</b>	
<b>SECTION C: Subrecipient Information</b> – <i>To be completed by the Subrecipient prior to submission to OSP.</i>	
Legal Name:	
Subrecipient Organization Type:	
<input type="checkbox"/> University <input type="checkbox"/> Other Non-profit <input type="checkbox"/> Industry/ For-profit <input type="checkbox"/> Other: _____	
Name of Subrecipient’s Project Director/ PI:	
Subrecipient Phone:	Subrecipient Email:
Amount of Funding Requested:	Amount of Cost-Sharing Committed:
Organization’s Address:	
Unique Entity Identifier (UEI):	Congressional District (if in U.S.):

Performance Site's Address (if different from above):

Performance Site's Congressional District (if different from above and in U.S.):

**Domestic Organizations:**

Federal Employer Identification Number (EIN):

Registered in SAM?  Yes  No

Expiration Date:

CAGE Code:

**International Organizations:**

NAIS Code:

Registered in SAM?  Yes  No

Expiration Date:

NCAGE Code:

**SECTION D: Certifications** – *To be completed by the Subrecipient prior to submission to OSP.*

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

- Our federally negotiated F&A rates for this type of work. (Attach a copy of your F&A rate agreement or provide a link).  
URL: \_\_\_\_\_
- 10% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only: See form instructions.)
- Other rates (Attach a description of the basis on which the rate has been calculated.)
- Not applicable (Subrecipient is not requesting payment of F&A costs.)

2. **Fringe Benefits Rates** included in this proposal have been calculated based on (check as applicable):

- Federally negotiated rates. (Attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a link to this information).  
URL: \_\_\_\_\_
- Other rates (please attach a description of the basis on which the rates have been calculated)

3. **Research Subject Compliance Information** (check as applicable):

- Yes  No Does the work include Embryonic Stem Cells?
- Yes  No Will Human Subjects be involved in the subrecipient's portion of this project?  
*If "Yes," provide your organization's Federal Wide Assurance #: \_\_\_\_\_*
- Yes  No Will Animal Subjects be involved in subrecipient's portion of this project?  
*If "Yes," provide a PHS Animal Welfare Assurance Number (domestic institutions) or an AAALAC accreditation number (international institutions): \_\_\_\_\_*

4. **Research Conduct of Research (RCD) (for NSF-funded projects only):**

- Yes  No My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.
- Yes  No My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

5. **Financial Conflicts of Interest** (*Check one of the boxes below*):

- Not applicable because this project is not being funded by a prime sponsor adopting COI disclosure requirements (i.e., NIH, NSF).
- Subrecipient certifies that it abides by its own active and enforced COI policy that complies with the requirements of the prime sponsor.
- Subrecipient certifies that it does not have an active and enforced COI policy that complies with the requirements of the prime sponsor and agrees to abide by CUH's COI policy.

6. **Export Controls** (*Check one of the boxes below*):

- Yes  No Does this project involve export controlled items (e.g., data, information, technology) that will be created or shared by the subrecipient?  
*If "Yes," refer to CUH policies.*

**7. Research Misconduct** (*Check one of the boxes below*):

- Not applicable because this project is not being funded by Public Health Services (PHS).
- Subrecipient certifies that it has an established, written, and enforced policy on research misconduct/ research integrity that is consistent with 42 CFR 93.
- Subrecipient does not have an established, written, and enforced policy on research misconduct/ research integrity that is consistent with 42 CFR 93, and agrees to abide by CUH's policy.

**8. Audit Status/ Fiscal Responsibility:**

- Yes  No My organization is a non-Federal entity that is subject to the single audit requirement.  
*If "Yes," please attach an explanation of any findings or exceptions noted in your organization's most recent single audit and provide relevant documentation.*  
*If "No," please attach an explanation. For example, indicate if your organization did not expend \$1,000,000 in federal funds during the last fiscal year, is a for-profit organization, etc.*

**9. State of Hawaii Tax Clearance** (*Check one of the boxes below*):

- Subrecipient has provided or will provide prior to execution of the subaward by CUH, a current tax clearance from the State of Hawaii Director of Taxation and United States Internal Revenue Service as required by Hawaii law (Hawaii Revised Statutes (HRS) §103-53(c)). Tax clearances are only valid for six months from date of issue. A current tax clearance must also be provided before final payment can be made.
- Subrecipient is not required to provide CUH with a tax clearance because the total amount of the subaward is less than \$25,000 (HRS) §103-53(e) (1). A current tax clearance will be required if the subaward increases to \$25,000 or more.
- Subrecipient is not required to provide a tax clearance to CUH because subrecipient is a government agency (HRS §103-53(e) (5)).

**Note: Subrecipients who fail to obtain their tax clearance in a timely manner may have payments delayed. Any work performed prior to receipt of a tax clearance is at subrecipient's own risk.**

**Section E: Subrecipient's Authorized Organizational Representative (AOR) Approval**

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized organizational representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that: (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization's own risk, and (b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

Signature of Subrecipient's AOR:	Date:
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Name and Title of AOR:	Email:
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Phone:	Fax:
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Email to which sub-agreement documents should be sent:

**If Subrecipient is owned or controlled by a parent entity, please provide the following information:**  
Parent Entity Legal Name:

Parent Entity Address, City, State, ZIP+4:

Parent Entity Congressional District:

Parent Entity UEI:	Parent Entity EIN:
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