



**SUBAWARDEE COMMITMENT FORM**

**All subawardees should submit this form when submitting a proposal to Florida International University (FIU). This form provides a checklist of documents and certifications required by sponsors, as well as subawardee AOR approval for this submission.**

SUBAWARDEE’S LEGAL NAME: \_\_\_\_\_ SUBAWARDEE’S PI: \_\_\_\_\_

FIU’s LEAD PI: \_\_\_\_\_ PRIME SPONSOR: \_\_\_\_\_

SUBMITTED PROPOSAL TITLE: \_\_\_\_\_

PERFORMANCE PERIOD STATE DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**SECTION A- PROPOSAL DOCUMENTS**

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

- STATEMENT OF WORK (required)
- BUDGET AND BUDGET JUSTIFICATION (required)
- SUBAWARDEE COMMITMETN FORM, completed and signed by Subawardee’s authorized official
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (if required by prime sponsor)
- Biosketches and Others Support of all Key Personnel, in agency-require format (if required by prime sponsor)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**SECTION B- COMPLIANCE REVIEW AND CERTIFICATIONS**

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

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 (If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to FIU before a subaward will be issued.)
  - Uniform Guidance 2 CFR 200.414(f) de minimis rate (10%)
  - Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)
  - Not applicable (no indirect cost request for subrecipient)
  
2. **Fringe-Benefit Rates** included in this proposal have been calculated based on the following:
  - Rates consistent with or lower than federally negotiated rates
  - Based on actual rates
  - Other rates (Please specify the basis on which the rate has been calculated in Section D *Comments* below.)
  
3. **Subawardee Business Status:** (check box if not applicable)  N/A
 

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business
<input type="checkbox"/> Alaska Native Corporation (ANC) (43USC1601)	<input type="checkbox"/> Historically Black College or University/Minority Institution

If a small business, identify business classification (\*certified by the Small Business Administration):

<input type="checkbox"/> Small Disadvantaged Business (SDB)* (8a)*	<input type="checkbox"/> Women-owned small business (WOSB)
<input type="checkbox"/> Veteran-owned small business (VOSB)	<input type="checkbox"/> Service-disabled veteran-owned business (SDVOSB)
<input type="checkbox"/> HUBZone small business*	
  
4. **For-Profit/Commercial Entities**  
 Note: Vendors are not subject to many of the flow-down provisions required of subawardees, e.g., effort reporting under a federal award. It is therefore important that the work provided by any for-profit/commercial subrecipient be classified appropriately. Please respond to the following.
 

YES  NO The goods and/or services we will provide under this transaction will be comparable to the goods and/or services we provide to many different customers during the course of our normal business operations.



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*If "no" please describe how these services and/or goods will differ from those offered to other customers (Attach additional pages if necessary.)*

YES  NO The goods and/or services we will provide under this transaction will be supplementary to the operation of the sponsored program, and we will not be responsible for programmatic decision making.

*If "no" please describe how your company's goods and services will contribute to the objectives of the program, how your company's performance will be measured against these objectives, and provide the names of your company's representatives who will be responsible for making programmatic decisions. (Attach additional pages if necessary.)*

5. **Cost Sharing**  YES  NO **AMOUNT:** \_\_\_\_\_  
Cost sharing amounts and justification must be included in the subrecipient's budget. If "yes" annual cost share certifications will required. The third party cost share certification form is available at <http://research.fiu.edu/forms/#proposal>

**REGULATORY APPROVAL (Questions 6-10)**

6. **Human Subjects**  YES  NO  
*If "yes" Indicate the status of IRB Review:*  Current  Pending  
Date IRB determined research to be exempt or approved: \_\_\_\_\_  
**IRB Number:** \_\_\_\_\_ **Federal Assurance (FWA) Number:** \_\_\_\_\_ (both must be current)  
*Copy of IRB Approval letter required at time of Subaward execution.*

7. **Animal Subjects**  YES  NO  
*If "yes" Indicate the status of IACUC Review:*  Current  Pending  
**Approval Date:** \_\_\_\_\_ **IACUC Number:** \_\_\_\_\_  
**PHS Animal Welfare Assurance Number:** \_\_\_\_\_  N/A  
*Copy of IACUC Approval letter required at time of Subaward execution.*

8. **Recombinant DNA**  YES  NO  
*If "yes" Indicate the status of IBC Review:*  Current  Pending  
**Approval Date:** \_\_\_\_\_ **IBC Approval Number:** \_\_\_\_\_  
*Copy of IBC Approval letter required at time of Subaward execution.*



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**9. Conflict of Interest (applicable to NIH, NSF, or any other sponsor that has adopted the federal financial disclosure requirements)**

- Not applicable because this project is not being funded by NIH, NSF, or any other sponsor that has adopted the federal financial disclosure requirements.
- Subawardee organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions, as applicable to the sponsor of this project, 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." or with the NSF Proposal and Award Policies and Procedures, NSF 14-1, February 2014, as amended. 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 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 any resulting agreement.
- Subawardee does not have an active and/or enforced conflict of interest (COI) policy and hereby agrees to abide by FIU's COI policy, available at <https://policies.fiu.edu/policy/572>. Subawardee must complete the Investigator Report of Financial Interest in Research form and submit that form together to FIU with this Subawardee Commitment Form.

**10. 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?  YES  NO (If "yes," explain in Section D *Comments* below.)

The Organization 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 governmental entity
- are  are 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
- are  are not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

**11. Fiscal Responsibility**

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

- 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;
- can prepare appropriate financial statements, including the schedule of expenditures of federal awards;
- there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most report that describes the finding and steps to be taken to correct the finding.

**SECTION C- AUDIT AND FISCAL COMPLIANCE**

1. Does the subawardee receive an annual Single Audit in accordance with 2 CFR 200.501?  YES  NO  
**If a subawardee does not receive a Single Audit, FIU may require a limited scope audit, before a subaward will be issued.**

*If "yes":* Has the audit been completed for the most recent fiscal year?  YES  NO  
*If "no"* when is it expected to be completed: \_\_\_\_\_

Were any audit finding reported?  YES  NO  
*If "yes"* explain in *Section D, Comments, below.*  
*A complete copy of the subawardee's most recent Single Audit, or the URL link to a complete copy, must be furnished to FIU.*

*If "no":* Does the subawardee receive overall federal funding of at least \$750,000 per year?  YES  NO  
 Subawardee is a:  Non-profit entity (under federal funding threshold)  
 Foreign entity  
 For-profit entity  
 Government entity



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- 2. If your organization is not subject to a Single Audit, does it have annual financial statements that have been reviewed or audited by an independent audit firm? If "yes" please provide a copy of the statements for the most current year. If "No", explain in Section D below.     YES     NO
  
- 3. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a government agency or independent audit firm? If "yes", please explain in Section D below.     YES     NO
  
- 4. Does your organization have formal, written policies that address: pay rates and benefits, time and attendance, effort reporting, leave, travel, purchasing? If "no", please explain in Section D below.     YES     NO
  
- 5.
  
- 6. Has your organization been determined to be a high or low risk auditee?     HIGH     LOW

*If determined to be a high risk auditee please explain in Section D below.*

**SECTION D- COMMENTS**

Attach additional pages if necessary

**APPROVED FOR SUBAWARDEE**

The information, certifications, and representations above have been read, signed, and made by an authorized official of the Subawardee 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 Subawardee's own risk.

Signature of Subawardee's Authorized Official	Address
Type or print name and title of Authorized Official	City, State, Zip
Federal Employer Identification Number (EIN)	DUNS or DUNS + 4 number
Date	Email



**SUBAWARDEE COMMITMENT FORM**

**FIU Use Only**

FIU PI please explain the selection of the proposed Subawardee for this proposal. Attach additional pages if necessary.

\_\_\_\_\_  
Signature of FIU PI

\_\_\_\_\_  
Type or print of FIU PI

\_\_\_\_\_  
(Date)