

## SUBRECIPIENT COMMITMENT FORM

For CUNY Use:

PRSY Number - -

Sections "B" through "I" should be completed at the proposal stage by an Authorized Representative who is knowledgeable about your organization's business processes and can obtain input on the scope of work from the principal investigator (PI) based at your organization.

This form must be completed in order to determine whether your organization's relationship to the project is as a subrecipient or as a contractor. This form must be received before a subagreement with CUNY can be established.

### Section A Proposal Information (to be completed by CUNY Sponsored Research Office)

CUNY PI \_\_\_\_\_ College \_\_\_\_\_

Prime Sponsor \_\_\_\_\_

Title of Proposal \_\_\_\_\_

CFDA # \_\_\_\_\_ R & D Award? Yes No

Proposal Period of Performance Start \_\_\_\_\_ End \_\_\_\_\_

### Section B Proposal Information (to be completed by Subrecipient)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Web Address (URL) \_\_\_\_\_

Subrecipient DUNS# \_\_\_\_\_ EIN# \_\_\_\_\_

Institutional Type \_\_\_\_\_ Congressional District \_\_\_\_\_

Subrecipient Proposed Period of Performance Start \_\_\_\_\_ End \_\_\_\_\_

Anticipated Amount of Federal Funds Obligated to the Subrecipient \_\_\_\_\_

### Section C Subrecipient Eligibility

The CUNY Research Foundation (RF) requires a Subrecipient Commitment Form to be completed before a subagreement may be fully executed. This form will be considered valid for 1 year from the date of signature by your organization's Authorized Official. In the event of changes to the information provided, the RF should be notified within 30 days by sending an email to [legalaaffairs@rfcuny.org](mailto:legalaaffairs@rfcuny.org).

Please answer the following questions before completing the rest of the form.

Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or agency? Yes No

Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"? Yes No

**Section D Subrecipient Requirements and Responsibilities**

The Research Foundation of CUNY (RF) views the subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of a subrecipient are different from that of a contractor. The following chart outlines the differences.

**Subrecipients**

- The subrecipient must comply with the sponsor requirements of the prime award (e.g., effort reporting on federal awards).
- The subrecipient exercises programmatic control over how the sponsored work is performed. It makes independent decisions regarding how to implement the proposed activities, as opposed to providing goods or services to the prime award PI.
- The subrecipient is responsible for substantive programmatic work or for conducting a significant portion of the project.
- A principal investigator has been identified at the subrecipient who functions as a Co-PI. Publications may be created or co-authored.

**Contractors**

- A contractor is not subject to compliance requirements of the Federal program (e.g. effort reporting on Federal awards).
- A contractor provides goods or services developed according to the specifications of the CUNY Principal Investigator.
- A contractor provides similar goods or services within its normal business operations and normally operates in a competitive environment.
- A contractor provides goods or services that are ancillary to the operation of the Federal program.

Is my organization properly categorized as a subrecipient as described above?      Yes      No

If No, please contact the CUNY PI about procuring your organization’s products and/or services as a contractor.

**Section E Additional Subrecipient Proposal Information**

Subrecipient Performance Site Address (if different from page 1)

Subrecipient PI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administrative/Contractual Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signatory \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section F Facilities & Administrative Rate**

The Facilities & Administrative Rate included in this proposal has been calculated based on

Subrecipient's federally negotiated F&A rate for this type of work. (If this box is checked please attach a copy of your current F&A rate agreement or furnish the URL link to the agreement \_\_\_\_\_)

10% de minimis (minimum) rate (If the subrecipient does not have a negotiated F&A rate a 10% de minimis rate must be used. This rate is available to both domestic and foreign subrecipients. PIs may not negotiate or agree to lower rates with their subrecipients.)

Other (please explain, e.g., NIH caps foreign subrecipients at 8%) \_\_\_\_\_

**Section G Fringe Benefit Rates**

Rates are consistent with, or lower than, our federally negotiated rates. (If this box is checked please attach a copy of your organization's fringe benefit rate agreement or furnish the URL link to the agreement \_\_\_\_\_)

Based on actual cost.

Other (explain) \_\_\_\_\_  
\_\_\_\_\_

**Section H Research Compliance**

Check as applicable

Does the project involve human subjects? Yes No Pending

If Yes, please provide Federalwide Assurance number \_\_\_\_\_ and copies of the IRB approval.

Does the project involve animal subjects? Yes No Pending

If Yes, please provide Animal Welfare Assurance number \_\_\_\_\_ and copies of the IACUC approval.

**Section I Proposal Documents**

The following documents are required with this subaward proposal.

- Statement Work
- Budget and Budget Justification in awarding agency format
- Subrecipient Commitment Form
- Letter of Commitment
- Other

**Subrecipient Authorized Representative Approval**

I hereby certify that the information I provided accurately represents the organization of which I am an Authorized Representative. 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 \_\_\_\_\_ Date \_\_\_\_\_

Name and Title of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to \_\_\_\_\_