

SUBRECIPIENT COMMITMENT FORM

SECTION A: Proposal Information

Name of Lehigh University PI: _____ Department: _____

Prime Sponsor: _____

Title of Proposal: _____

Project Period of Performance: From: ___/___/___ To: ___/___/___

Proposed Period of Performance of Subrecipient (if different): From: ___/___/___ To: ___/___/___

SECTION B: Subrecipient Eligibility

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with Lehigh University must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and Lehigh. This form will be considered valid for one year from the date of signature by your organization's Authorized Official.

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

- Yes** **No** 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 Uniform Guidance 2 CFR 200.205 and 2 CFR Part 180?

If you answered "Yes" to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the Lehigh Principal Investigator (PI) as soon as possible.

SECTION C: Subrecipient Requirements and Responsibilities

Lehigh views a 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 vendor/supplier. The following chart outlines the differences:

Subrecipients	Suppliers/Vendors
<p>(a) Subrecipient's PI (named in Section D below) will take a significant role in programmatic decision making and assist in achieving the project's goals and objectives.</p> <p>(b) Subrecipient will be subject to all of the compliance requirements from the prime award that are pertinent to the subrecipient, e.g., effort reporting on federal awards.</p> <p>(c) Subrecipient will be expected to provide a complete copy of the subrecipient's most recent audit report, or the URL link to a complete copy, before a subagreement can be established.</p>	<p>(a) Provides routine goods and/or services to other customers or clients and/or</p> <p>(b) Provides goods or services developed according to the specifications of the Lehigh PI and/or</p> <p>(c) Provides personnel services that are primarily advisory in nature and/or</p> <p>(d) Provides other ancillary services related to the sponsored project per the instructions of the Lehigh PI.</p>

- Yes** **No** My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

If "No," please contact the Lehigh PI about procuring your organization's products and services as a supplier/vendor.

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SECTION D: Subrecipient Information

Legal Name: _____	DUNS #: _____ (Dun & Bradstreet)
Organization's Address: Include ZIP Code +4 or other postal code: _____	Congressional District: _____ (if in U.S.)
Performance Site Address (if different from above): Include ZIP Code +4 or other postal code: _____	Congressional District: _____ (if in U.S.)
Domestic Organizations: Federal Employer Identification Number (EIN): _____ Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: / / CAGE Code: _____ (Commercial and Government Entity)	International Organizations: NAIS Code: _____ (North American Industry Classification System) (NCAGE) Code: _____

Executive Compensation (complete when collaborating on a U.S. federal project only):

- Yes** **No** During the previous fiscal year my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards.
- Yes** **No** My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986?

Name of Subrecipient's Project Director/PI (Required): _____

Phone: _____ **Email:** _____

Amount of Funding Requested by Subrecipient: \$ _____

Cost Sharing Provided by Subrecipient (if applicable): \$ _____

SECTION E: Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below. (Check those that apply.)

- STATEMENT OF WORK (must describe the subrecipient's specific role within the project) (required)**
- BUDGET (required)**
- NARRATIVE BUDGET JUSTIFICATION (required)**
- BIOSKETCHES OF KEY PERSONNEL, in agency-required format (if required by agency)
- SMALL/SMALL DISADVANTAGED BUSINESS SUBCONTRACTING PLAN, in agency-required format
 (for federal subcontract budgets over \$650,000 only)
- JUSTIFICATION OF "MAJOR PROJECT" STATUS (for federal projects only)
- OTHER: _

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SECTION F: Certifications

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, or a reduced F&A rate that we hereby agree to accept.
(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below.)
URL: _
- Other rates (please 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 Benefit Rates included in this proposal have been calculated based on (check as applicable):

- Rates consistent with or lower than our federally negotiated rates
(If this box is checked, please attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a URL 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** Human Subjects will be involved in the subrecipient's portion of this project
If "Yes," please provide your organization's OHRP approved FWA #: _
(If your organization does not have an FWA #, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the protection of human subjects.)
- Yes** **No** Animal Subjects will be involved in subrecipient's portion of this project
(If "Yes," provide a copy of IACUC approval to the Lehigh PI as soon as it is available. IACUC approval is required before a subagreement will be issued.)

4. Responsible Conduct of Research (RCR) (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. Lobbying (for U.S. federal projects only):

- Yes** **No** My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation.)

6. Online Representations and Certifications Application (ORCA) (for federal applications only):

- Representations and Certifications Submitted via ORCA. Date of last certification: / /
- Not submitted.

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7. Conflict of Interest (applicable only to NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements) (check as applicable):

- Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 2 *CFR* 200.112 *Conflict of Interest and 113 Mandatory Disclosures*, 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 resultant agreement.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by Lehigh's policy, located at <http://research.cc.lehigh.edu/policies>.

8. Additional Debarment and Suspension Information (check as applicable):

- Yes** **No** Is the 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? (If "Yes," attach explanation.)
- Yes** **No** Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If "Yes," attach explanation.)
- Yes** **No** Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? (If "Yes," attach explanation.)

9. Audit Status / Fiscal Responsibility:

- Yes** **No** **Does your organization receive an annual audit in accordance with OMB audit requirements?**

If "No," please indicate why your organization is not subject to OMB audit requirements:

- My organization is a non-profit that expended less than \$500,000 in U.S. federal funds during our previous fiscal year.
- My organization is a foreign entity.
- My organization is a for-profit entity.
- My organization is a U.S. government entity.

When applying for funds from agencies under the U.S. Department of Health and Human Services foreign organizations and for-profits that have expended a total of \$500,000 or more under one or more awards from the U.S. Department of Health and Human Services (as a direct grantee and/or under a consortium participant) will be required to have a financial-related audit of all HHS awards as defined in, and in accordance with, the Government Auditing Standards or an audit that meets the requirements of *OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapter I, Chapter II, Part 200 et al.*

If "Yes," respond to the following:

- Yes** **No** **Has your organization's audit been completed for the most recent fiscal year?**
- No** **Were there any findings or exceptions noted? If "Yes" attach an explanation.**

Please note: Your most recent audit report will be requested prior to the establishment of a subagreement.

10. For-Profit Organizations (only):

- Yes** **No** Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes": Subrecipient represents that it is a (check as applicable):

- Small/Small disadvantaged business as certified by the Small Business Administration
- Women-owned small business concern
- Veteran-owned small business concern
- Service-disabled veteran-owned small business concern
- HUBZone small business concern
- Other: _

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SECTION G: Authorized Representative Approval

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. No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

<p>_____</p> <p>Signature of Subrecipient's Authorized Official</p> <p>Date: _____</p> <p>Name and Title of Authorized Official:</p> <p>_____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>	<p>If Subrecipient is owned or controlled by a parent entity, please provide the following information:</p> <p>Parent Entity Legal Name:</p> <p>_____</p> <p>Parent Entity Address, City, State, ZIP+4:</p> <p>_____</p> <p>Parent Entity Congressional District: _____</p> <p>Parent Entity DUNS: _____</p> <p>Parent Entity EIN: _____</p>
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ORSP Internal Information Only
<p>Proposal Deadline: _____</p> <p>Proposal # _____</p> <p>Date of Receipt: _____</p> <p>CGS: _____</p> <p>Award # (when received): _____</p>