



**Office of Research and Sponsored Programs  
Subrecipient Commitment Form**

**SECTION A: Bowie State University Proposal Information – To be completed by BSU, ORSP**

Name of Bowie State University PI:

Proposal Number:

Proposal Title:

Name of Subrecipient:

Funding Announcement URL:

Prime Sponsor Name:

Proposed Subrecipient Period of Performance: Start Date:

End Date:

**SECTION B: Subrecipient Eligibility – To be completed by the Subrecipient**

1. ☐ Yes ☐ 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 as defined in OMB Circular A-29, "Managing Federal Credit Programs"?
2. ☐ Yes ☐ 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. ☐ Yes ☐ No Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
4. ☐ 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 to any of the questions above, please attach an explanation**

**SECTION C: Subrecipient Information – To be completed by the Subrecipient**

1. Legal Name:
2. Subrecipient Organization Type: ☐ University ☐ Non-Profit ☐ For-Profit ☐ Other:
3. Subrecipient's Principal Investigator/PI Information:

Name:

Phone:

Email:

4. Amount of Funding Requested for all years (inclusive of indirect costs):

5. **Cost Sharing/Matching/In-Kind included in the proposal (if applicable)**

Cost sharing, matching and/or in-kind commitments should be included in the subrecipient's budget and budget justification. Third-Party in-kind cost share should be supported by a letter of support signed by an authorized representative of the third party.

☐ Yes      Cash Amount \$      + In-Kind Amount \$      = Total Cost Share \$  
☐ N/A

6. Organization's Address: Include ZIP code + 4:

7. Unique Entity Identifier (UEI):

8. Congressional District:

9. Performance Site Address (if different from above): Include ZIP code + 4

10. Performance Site Congressional District (if different from above):

11. a. **Domestic Organizations:**

Federal Employer Identification Number (EIN):

Registered in SAM? ☐ Yes ☐ No Expiration Date:

Commercial and Government Entity (CAGE) Code:

b. **International Organizations:**

North American Industry Classification System (NAIS) Code:

Registered in SAM? ☐ Yes ☐ No Expiration Date:

NATO Commercial and Government Entity (NCAGE) Code:

<b>SECTION D: Certifications – To be completed by Subrecipient</b>
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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:
- ☐ 15% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only)
- ☐ Other rates (Attach a description of the basis on which the rate has been calculated).
- ☐ Not applicable (Subrecipient does not have a federally negotiated F&A rate agreement and is not requesting F&A costs).

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

- ☐ Federally negotiated rates (Attach a copy of your organization's 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 Does the work involve 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 the subrecipient's portion of this project?

If “Yes” provide the PHS Animal Welfare Assurance Number (domestic institutions/organizations) or the AAALAC accreditation number (international institutions/organizations):

4. Responsible Conduct of Research (RCR)

- ☐ 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 110-6-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. Conflict of Interest:

- ☐ Not applicable because this project is not being funded by PHS, NSF, USDA, NASA, or any other sponsor that has adopted the federal financial disclosure requirements. Check with BSU ORSP to determine if a sponsor has adopted the federal financial disclosure requirements.
- ☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions 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 their knowledge, all financial disclosures have been made related to the activities that may be funded by or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipient’s conflict of interest policy prior to the expenditures of any funds under any resultant agreement.
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt the Bowie State University policy (<https://www.bowiestate.edu/about/administration-and-governance/division-of-academic-affairs/office-of-research-and-sponsored-programs/policies-and-guidelines.php>). Subrecipient will comply with all applicable Conflict of Interest regulations with funding from PHS, NSF, USDA, or any other sponsor that has adopted the federal disclosure requirements.

6. 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 an explanation.

7. Audit Status / Fiscal Responsibility:

- ☐ Yes ☐ No My organization is a non-Federal entity that is subject to the single audit requirement. See: [§200.501 of the Uniform Guidance](#)

If you answered “Yes” please attach an explanation of any findings or exceptions noted in your organization’s most recent single audit and provide the following information:

- ☐ Audit is available on the Federal Audit Clearinghouse
- ☐ Audit report is available here:

If you answered “No” please indicate the reason(s) the single audit requirement does not apply:

- ☐ My organization did not expend \$750,000 in federal funds during our last fiscal year
- ☐ My organization is a for-profit organization
- ☐ Under NIH awards, foreign subrecipients are not subject to this requirement
- ☐ Other (attach and explanation)

**Organizations not subject to the single audit requirement will be required to complete a Mini-Audit Questionnaire and may require a limited scope audit before a subaward can be issued.**

SECTION E: Subrecipient's Authorized Official Representative (AOR) Approval
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The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements. I hereby certify that neither \_\_\_\_\_ nor its principals are presently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project. I hereby certify that all Investigators and Key Personnel have disclosed and certified all projects, activities, co-authorships, affiliations, and other activities, including those performed within and outside of the Subrecipient's organization (paid and unpaid), as required by the funding agency and applicable requirements at the time of this proposal and will continue to do so through the life of any resultant award. Furthermore, Investigators and Key Personnel have certified that they are not involved in a "malign foreign talent recruitment program" as defined in Section 10638 of Public Law 117-167 (CHIPS and Science Act).

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:

Printed Name:

Title:

Date: