



Oklahoma State University
 Vice President for Research
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SUBRECIPIENT COMMITMENT FORM

*OSU Should complete this form and provide to prime recipient.
 It provides a checklist of documents and certifications required by the prime sponsor(s),
 as well as an area for the authorized organizational representative to sign.*

TO BE COMPLETED BY PRIME RECIPIENT:	
Institution:	_____
Principal Investigator:	_____
Phone:	_____ Email: _____
Sponsored Programs Contact:	_____
Phone:	_____ Email: _____
Proposal Title:	_____
Prime Sponsor:	_____
Funding Opportunity Number:	_____

TO BE COMPLETED BY OSU:	Internal Routing #:
Legal Name:	_____
Legal Address	_____
Sponsored Programs Contact:	_____
Phone:	_____ Email: _____
Principal Investigator:	_____
Phone:	_____ Email: _____
OSU Total Funds Requested:	_____
OSU Performance Period:	Begin Date: _____ End Date: _____
DUNS Number:	_____ EIN: _____
Congressional District(s):	_____

Proposal Documents Requested:

The following documents are included in our subaward proposal submission and covered by the certifications below:

- Statement of Work Budget and Justification
 Grants.gov R&R Subaward Budget Form Other _____

Certifications:

Facilities & Administrative cost rates included in this proposal have been calculated based on the following:

- Agency required rate limitation of _____
 Our federally negotiated F&A rate of _____
 Other (please explain) _____
 Not applicable. Subrecipient is not requesting F&A costs.

Matching provided:

- No matching required for this program.
 Matching provided in the amount of \$_____, which is greater than or equal to the ratio required by the sponsor.
 Matching provided in the amount of \$_____, which is less than the ratio required by the sponsor. Explain: _____

Human Subjects:

- No
 Yes. Copies of IRB approval and other required documents will be provided upon funding notification and before execution of any subaward.

Animal Subjects:

- No
 Yes. Copies of IACUC approval and other required documents will be provided upon funding notification and before execution of any subaward.

Financial Conflict of Interest:

Not applicable because this project is not research.

For research projects: Project is funded by PHS (NIH): No Yes

OSU hereby certifies that it has an active and enforced conflict of interest policy that is consistent with sponsoring agency regulations and that, to the best of the Institution's knowledge, all financial disclosures related to the activities that may be funded by or through a resulting agreement have been made, and, if necessary, a management plan has been implemented.

Comments:

AUTHORIZATION:

The information and certifications have been read, made, and signed by an authorized organization representative of the subrecipient named herein. The appropriate programmatic and administrative personnel of the subrecipient are aware of the funding agency's grant policy and are prepared to establish the necessary inter-institutional agreements consistent with that policy.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Signature of AOR

Date

Typed Name and Title

Address

City, State, Zip

Phone Number

Email

For OSU use only:

Screened for debarment and suspension.

Date: _____