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SUBRECIPIENT COMMITMENT FORM

All subrecipients should complete this form. 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 OSU:

OSU Principal Investigator: _____

Phone: _____ Email: _____

OSU Sponsored Programs Contact: _____

Phone: _____ Email: _____

OSU Proposal Title: _____

Prime Sponsor: _____

Funding Opportunity Number: _____

TO BE COMPLETED BY SUBRECIPIENT:

Subrecipient Legal Name: _____

Legal address: _____

Subrecipient Sponsored Programs Contact: _____

Phone: _____ Email: _____

Subrecipient Principal Investigator: _____

Phone: _____ Email: _____

Subrecipient Total Funds Requested: _____

Subrecipient Performance Period Begin Date: _____ End Date: _____

Subrecipient DUNS Number: _____ EIN: _____

Subrecipient Congressional District: _____

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.
 - Subrecipient hereby certifies that is 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.
 - Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to implement a policy that is consistent with sponsoring agency regulation.
 - Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to comply with OSU's Conflict of Interest policy (4-0130).

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

Name and Title of AOR

Address

City, State, Zip

Phone

Fax

Email

For OSU use only:

Screened for debarment and suspension. Date: _____