

## SUBRECIPIENT COMMITMENT FORM

### TO BE COMPLETED BY K-STATE

K-State PI: \_\_\_\_\_ Cayuse SP #: \_\_\_\_\_

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

Proposal Title: \_\_\_\_\_

Proposed Project Period: \_\_\_\_\_

### TO BE COMPLETED BY SUBRECIPIENT

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

Total Funds Requested: \_\_\_\_\_ DUNS/UEI Number: \_\_\_\_\_

Subrecipient PI & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrative Contact & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Matching/Cost Sharing:**

- No Matching required per sponsor solicitation  
 Yes; total amount committed: \_\_\_\_\_

**Human Subjects:**  No  Yes ; state of IRB review: (Pending, Exempt Approved) \_\_\_\_\_  
If exempt/approved, provide IRB Approval

**Animal Subjects:**  No  Yes; status of IACUC review (Pending, Approved) \_\_\_\_\_  
If approved, provide IACUC Approval

**Export Control:** Do you anticipate the use or development of items, software or technology that would require review under Export Control Laws: If so, please explain: \_\_\_\_\_

#### **Proposal Documents Requested:**

- Statement of Work (Required)  
 Budget and Budget Justification, in sponsor-required form (Required)  
 Subrecipient Commitment Form, completed and signed by Subrecipient's AOR (Required)  
 Personnel Documents, in sponsor-required format: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Institutional Letter of Commitment/Support, signed by Subrecipient's AOR  
 Other: \_\_\_\_\_

If your organization is a participant in the [FDP Expanded Clearinghouse](#), sign below signifying intent to enter into an agreement consistent with sponsoring agency's terms and conditions and submit to Kansas State University. **If your organization is not a participant, proceed to page 2 and complete the remaining items.**

\_\_\_\_\_  
Signature of Authorized Institutional Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title of Authorized Official

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**Institution Information**

Institution Type: \_\_\_\_\_

Year Established: \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_

Congressional District (site): \_\_\_\_\_ Registered in Sam.gov? :  Yes  No;

**Facilities & Administrative (F&A) Rates** included in this proposal have been calculated based on:

Our federally negotiated F&A rate of: \_\_\_\_ (copy attached or provide link: \_\_\_\_\_ )

Agency required rate limitation of: \_\_\_\_ (per sponsor solicitation)

10% de minimus rate per Uniform Guidance §200.331

Other rate of: \_\_\_\_ (please explain): \_\_\_\_\_

Not applicable (no F&A requested by Subrecipient)

**Fringe Benefit Rates** included in this proposal have been calculated based on:

Rates consistent with or lower than our institutionally approved rates (copy attached or provide link: \_\_\_\_\_ )

Other rates (please explain): \_\_\_\_\_

**Promoting Objectivity in Research (COI)**

Subrecipient must designate herein which Financial Conflict of Interest policy (COI) will apply:

Subrecipient

K-State (Policy located online at <http://www.k-state.edu/conflict/policies/>).

If Subrecipient is applying its own COI policy, Subrecipient hereby certifies that its active and enforced policy complies with the requirements of the sponsor identified on page one of this form.

Subrecipient shall report any financial conflict of interest to K-State. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to the sponsor. Such report shall be made before the expenditure of funds under any resultant agreement and within forty-five (45) days of any subsequently identified COI.

**Responsible Conduct of Research (RCR)**

Not applicable because this project is not being funded by NSF, NIH, or USDA

Subrecipient organization certifies that it has a training program in place and will train all project personnel including undergraduate and graduate students and postdocs in accordance with applicable RCR requirements.

**Fiscal Responsibility**

The Subrecipient organization certifies that its financial system is in accordance with generally accepted accounting principles and:

has the capability to identify in its accounts, all Federal awards received and expended and the Federal programs under which they were received;

maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contract or grants;

complies with applicable laws and regulations;

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- can prepare appropriate financial statements, including the schedule of expenditures of federal awards;

**FFATA Executive Compensation Exemption Certification**

- Our organization is required to provide compensation information because:
  - A. In the preceding fiscal year, our organization received:
    - a. 80% or more of its annual gross revenues in federal awards (federal contracts, subcontracts, loans, grants, subgrants, and cooperative agreements; AND
    - b. (ii) \$25,000,000 or more in annual gross revenues from federal awards; AND
  - B. The public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.
- Our organization is exempt from reporting compensation.

**Uniform Guidance Subpart F - Single Audit Status**

- We have completed our single audit for the most recent fiscal year \_\_\_\_\_ to \_\_\_\_\_. The audit disclosed no material weaknesses, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are not unresolved findings prior year findings. A link to our audit report is provided in the Section D: Comments.
- We have completed our single audit for the most recent fiscal year \_\_\_\_\_ to \_\_\_\_\_. The audit noted material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved findings prior year findings. A link to our audit report is provided in the Section D: Comments.
- We have not completed our single audit for the fiscal year ending in 20\_\_\_\_. Our fiscal year ended \_\_\_\_\_ and we expect the audit to be completed by \_\_\_\_\_. Within thirty days of completion, we will provide you with written certification and will send a copy of the audit report, including relevant findings, our responses and corrective action plan if the audit discloses any material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings or unresolved prior year findings complies with applicable laws and regulations.
- Subrecipient is not subject to the single audit requirements of Uniform Guidance Subpart F because:
  - Non-profit or foreign entity expending less than \$750,000 in federal and sub-federal funds in the most recent fiscal year.
  - For-profit entity
- Other: \_\_\_\_\_

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**AUTHORIZATION:**

By signing this form, I certify that the above information, certifications and representations have been read, are understood, and are accurate and true to the best of my knowledge. The appropriate programmatic and administrative personnel involved in this application are aware of pertinent regulations and policies, and are prepared to establish a subaward agreement with Kansas State University that ensures compliance with such regulations and policies should this proposal be funded. Subrecipient hereby certifies that neither it nor its principals nor those who will perform services under a Subaward Agreement awarded pursuant to the proposal referenced herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participation in this transaction and have not, within the 3 year period preceding this application, been convicted of, or had a civil judgment rendered against them or had any public transaction (Federal, State or Local) terminated for cause or default.

Any work begun or expenses incurred prior to execution of a subaward agreement is 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.

For USDA projects, consistent with requirements contained within the 2018 Farm Bill, Subrecipient acknowledges the total F&A recovery for KSU and all Subrecipients under this project cannot exceed 30% TFFA. By signing, Subrecipient agrees that KSU, upon the summation of all participant budgets, may reduce the F&A requested for all project participants to comply with this Farm Bill restriction, and hereby authorizes KSU to allocate any required reductions of F&A on a pro rata basis, based on each participant's percentage of the overall F&A requested. Subrecipient further authorizes KSU to reallocate these reductions as noted in this paragraph to direct costs within each Subrecipient budget without the need to secure additional certifications and budget documents. Ultimately, the budget total for each Subrecipient will not change. For those projects requiring F&A reductions, KSU assures Subrecipient it will communicate the revised budget to Subrecipient post submission of the proposal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_ Research URL: \_\_\_\_\_

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SUBRECIPIENT ADDRESSES AND CONTACTS		
<b>SUBRECIPIENT AWARD ADDRESS</b>		
Address:		
City:	State:	ZIP:
<b>SUBRECIPIENT PLACE OF PERFORMANCE (if different from above)</b>		
Address:		
City:	State:	ZIP:
<b>ADMINISTRATIVE CONTACT</b>		
Name:		
Address:		
City:	State:	ZIP:
Telephone:	Email:	
<b>SUBRECIPIENT PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR</b>		
Name:		
Address:		
City:	State:	ZIP:
Telephone:	Email:	
<b>FINANCIAL CONTACT</b>		
Name:		
Address:		
City:	State:	ZIP:
Telephone:	Email:	
<b>AUDIT CONTACT</b>		
Name:		
Address:		
City:	State:	ZIP:
Telephone:	Email:	
<b>AUTHORIZED OFFICIAL</b>		
Name:		
Address:		
City:	State:	ZIP:
Telephone:	Email:	

## SUBRECIPIENT COMMITMENT FORM PHS ADDENDUM

### FINANCIAL INTEREST DISCLOSURE FORM FOR SUBRECIPIENT PHS INVESTIGATOR/KEY PERSONNEL

Note: This form is for use by any person required to make a disclosure of significant financial interests in compliance with PHS Financial Conflict of Interest requirements under a PHS funded activity.

#### Name and Contact Information for Investigator Completing This Form:

Principle Contact: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Role(s)/Responsibilities: \_\_\_\_\_

#### Disclosure of Significant Financial Interests:

**Do you, your spouse, domestic partner, dependent children and/or other dependents residing with you have a Significant Financial Interest (SFI(s)) related to your Institutional/Organizational Responsibilities?**

Significant Financial Interests include:

- Income or receipt of payments of any kind exceeding \$5,000;
- Ownership interests in a single outside entity of greater than 1% or of an amount exceeding \$5,000;
- Serving as a trustee for a trust or estate, or having a beneficial interest in a trust or estate whose value exceeds \$5,000;
- Indebtedness to or from a business or company in an amount exceeding \$5,000;
- Intellectual property rights with an established fair market value exceeding \$5,000 or which generate income of any value;
- Unvalued stock options or other options for ownership in a privately held company of any value;
- Service on a governing board or advisory board, or in a fiduciary or managerial role, for, or as a general partner of, an entity with or without pay;
- Receipt of gifts or other benefits (e.g. travel or personal amenities) valued at \$250 or more not paid or reimbursed through your institution or organization;
- Other opportunity for tangible, personal benefit; and
- Reimbursed or sponsored travel. (Complete Attached Reimbursed or Paid Travel Disclosure Form for PHS Investigator)

*Note: You are not required to disclose income from travel that is reimbursed or sponsored by: U.S. government agencies; U.S. institutions of higher education: U.S. teaching hospitals or medical centers; or U.S. research institutes affiliated with a U.S. institution of higher education.*

#### **Please Check Either NO or YES:**

NO, I have NO SFIs to disclose. Sign at the bottom of this form to certify your disclosure.

YES, I have SFIs to disclose. Use the following Conflict of Interest Entity Disclosure form(s) to disclose entity(ies) in which you have a related SFIs or use the Reimbursed or Paid Travel Disclosure Form for PHS Investigator to report sponsored/reimbursed travel. Sign at the bottom of this form to certify your disclosure.

I have (insert number) \_\_\_\_\_ entities that I am disclosing with this certification.

**Conflict of Interest Entity Disclosure Form**

Attach this form to your **FINANCIAL INTEREST DISCLOSURE FORM FOR SUBRECIPIENT PHS INVESTIGATOR** and submit with the **SUBRECIPIENT COMMITMENT FORM**.

Subrecipient PHS Investigator Name: \_\_\_\_\_

Entity (company, organization, etc.) Information: \_\_\_\_\_

If you, your spouse, domestic partner, dependent children and other dependents residing with you have a Significant Financial Interest (SFIs) in an entity related to your institutional/organizational responsibilities, complete the following for each such entity. (Use additional form for each entity.)

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Entity website, if available: \_\_\_\_\_

What is your relationship to the entity? \_\_\_\_\_

What is the principal business activity of the entity? \_\_\_\_\_

How is the entity related to your institutional/organizational responsibilities? \_\_\_\_\_

1. Did you receive income or payments of any kind from a single entity related to your institutional/ organizational responsibilities which exceeded \$5,000 over the last 12 months?
  - a. If Yes, indicate self or other relation who holds the interest: \_\_\_\_\_
  - b. Indicate type of income/ reason for income (Salary, Fee, Honorarium, Royalties, etc.): \_\_\_\_\_
2. Do you have ownership interests (e.g., stock) in a single entity related to your institutional/organizational responsibilities of more than \$5,000 or which comprise more than 1% of its equity?
  - a. If Yes, indicate self or other relation who holds the interest: \_\_\_\_\_
3. Do you serve as a trustee for a trust or estate, or have a beneficial interest in a trust or estate, with investments related to your institutional/organizational responsibilities whose value exceeds \$5,000?
  - a. If Yes, indicate self or other relation who holds the interest: \_\_\_\_\_
  - b. Indicate which investments are related to your institutional/organizational responsibilities: \_\_\_\_\_
4. Have you provided or received a loan from a business or company (excluding banks, credit unions, or other commercial lenders) exceeding \$5,000?
  - a. If Yes, indicate self or other relation making/receiving the loan: \_\_\_\_\_
5. Do you have intellectual property rights related to your institutional/organizational responsibilities whose established fair market value exceeds \$5,000 or which generate income of any value from a source other than your institution/ organization?
  - a. If Yes, indicate self or other relation who holds the interest: \_\_\_\_\_
  - b. Describe the nature of the intellectual rights and the license holders: \_\_\_\_\_
6. Do you have unvalued options for stock or ownership of any value in a private company related to your institutional/ organizational responsibilities?
  - a. If Yes, indicate self or other relation who holds the interest: \_\_\_\_\_
  - b. Describe the stock options: \_\_\_\_\_
7. Do you serve on a governing or advisory board, or in a fiduciary or managerial role, for, or as a general partner of, an entity related to your institutional/organizational responsibilities with or without pay?
  - a. If Yes, indicate self or other relation who serves: \_\_\_\_\_
  - b. Indicate the role served (director, officer, partner, member, adviser, other): \_\_\_\_\_

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8. Is the above organization a business or company from which you have received a gift/direct personal benefit (e.g. airline tickets, hotel or resort accommodations, cruises, etc.) of \$250 or more not paid or reimbursed through your institution/ organization?
- a. If Yes, indicate self or other relation who received the gift/benefit: \_\_\_\_\_
  - b. Describe the nature of the benefit: \_\_\_\_\_
9. Do you have opportunity for tangible personal benefit from this entity?
- a. If Yes, indicate self or other relation who received for benefit: \_\_\_\_\_
10. Have you alone previously benefited, or expect to benefit in the coming year, with travel sponsored or reimbursed by the above organization of any value?
- a. If Yes, please complete the below **Reimbursed or Paid Travel Disclosure** for PHS Investigator for each trip.

**Reimbursed or Paid Travel Disclosure for PHS Investigator**  
**Add additional sheets for each reimbursed or paid travel you are disclosing.**

In the twelve months preceding this disclosure I have received reimbursed or paid travel.

1. The date of the travel was \_\_\_\_\_
2. The identity of the company/organizer of the travel was \_\_\_\_\_
3. The destination was \_\_\_\_\_
4. Did your spouse or dependent children accompany you, and if yes, who paid for their travel?  
\_\_\_\_\_
5. The monetary value of the travel was: \_\_\_\_\_
6. The purpose of the travel was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Certification:**

**I understand that it is my responsibility to update my Annual report within thirty days of acquiring any new Significant Financial Interest related to my institutional/organizational responsibilities or having the details/relationships with disclosed entities change. I certify that this report of my current personal SFIs is complete and accurate to the best of my knowledge. If applicable, I declare that the above information being disclosed concerning travel is true and accurate under the regulations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_