**SUBRECIPIENT COMMITMENT FORM FOR USDA** **PROJECTS**



**TO BE COMPLETED BY K-STATE:**

K-State PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eProposal Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**TO BE COMPLETED BY SUBRECIPIENT:**

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

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

Performance Site/Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subrecipient DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subrecipient EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subrecipient Congressional District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congressional District (site): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently enrolled in Sam.gov? Yes No Total Funds Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**PROPOSAL DOCUMENTS REQUESTED:**

Statement of Work (Required)

Budget & Budget Justification, in sponsor-required form (Required)

Subrecipient Commitment Form, completed and signed by Subrecipient’s AOR (Required)

Personnel Documents, in sponsor-required format: Biosketch Current & Pending COI

Institutional Letter of Commitment/Support, signed by Subrecipient’s AOR

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATIONS:**

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)

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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matching/Cost Sharing

No matching required per sponsor solicitation.

Yes; total amount committed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Human Subjects

No

Yes; status of IRB review:Pending Exempt Approved (If exempt/approved, provide IRB approval)

Animal Subjects

No

Yes; status of IACUC review: Pending Exempt 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Subrecepient 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;

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

there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

**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 of Local) terminated for cause or default.

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.

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.

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

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

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

**KSU Internal Use Only:**

Restricted Party Screening completed and subrecipient and all known principals cleared. Date: \_\_\_\_\_\_\_\_