Prime Recipient: **University Enterprises Corporation at CSUSB (UEC)**

on behalf of: California State University, San Bernardino (CSUSB)

5500 University Parkway, AR 111, San Bernardino, CA 92407
Email: Spon_Pgm_PreAward (pre-award) Email: Spon_Pgm_Fdn@csusb.edu (post-award)

SUBRECIPIENT COMMITMENT FORM

Proposal # (if known) SA# GT#

SUBRECIPIENT INFORMATION

Subrecipient Legal Name:

Subrecipient's PI Name: CSUSB PI:

UEI # CSUSB PI Department/Unit:

Subrecipient "Principal Place of Performance" address (if different from subrecipient's address on page 4): EIN #

Street: Congressional District

City: State: Zip+4 (US):

Prime Sponsor:

CSUSB Proposal Title:

Subrecipient Total Funds Requested: Performance Period Begin: (mm/dd/yy)

Subrecipient Cost Share Amount: Performance Period End: (mm/dd/yy)

(Cost sharing amount and details should be reflected in Subrecipient's budget)

SECTION A: Proposal Documents

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

- ☐ Statement of Work (required)
- ☐ Budget and Budget Justification (required, including F&A rate agreement as applicable)
- ☐ This Subrecipient Commitment Form (required) completed and signed by Subrecipient's Authorized Official
- ☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposals over $550,000)
- ☐ Biosketches of Key Personnel in agency-related format

Other

SECTION B: Subrecipient Requirements and Responsibilities

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor (2 CFR 200.23). The following chart outlines the differences. Please check all that apply.

SUBRECIPIENT

- ☐ If subrecipient is a California State University (CSU) Campus or a CSU auxiliary, check this box and skip to Section C: Special Review and Certification.
- ☐ Subrecipient's work represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program.
- ☐ Subrecipient will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of CSUSB.
- ☐ Subrecipient is responsible for adhering to applicable program requirements specified in the prime award.
- ☐ There is an identified principal investigator for the subrecipient who is responsible for making programmatic decisions for subrecipient.

CONTRACTOR

- ☐ Provides goods or services that are ancillary to the operation of the program identified in the prime award.
- ☐ Provides the goods or services purchased with the funds within normal business operations.
- ☐ Provides similar goods or services to many different purchasers.
- ☐ Is not subject to the compliance requirements of the program as a result of the agreement with CSUSB.
- ☐ Normally operates in a competitive environment.

☐ Yes	☐ No	For the purpose of this proposal, my organization is properly categorized as a subrecipient as described above. *If "**No**," STOP here. This form is not applicable. Do not continue completing this form. Please contact the CSUSB PI about procuring your organization's products and services as a "Contractor" or "Vendor." *If "**Yes**," continue completing the form.

SECTION C: Special Review and Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:

☐ Subrecipient's federally-negotiated F&A rate for this type of work, or a reduced F&A rate that Subrecipient hereby agrees to accept. (If this box is checked, a copy of your F&A rate agreement must be furnished to CSUSB. If Subrecipient agrees to a lower F&A rate, please provide appropriate notes/remarks on Section E - Comments.)

☐ 15% de minimis MTDC rate if subrecipient does not have a federally negotiated rate.

☐ A reduced F&A rate dictated by the prime sponsor or program. (Please specify the basis on which rate has been calculated in Section E: Comments.)

☐ Not applicable (no indirect cost requested)

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

☐ Rates consistent with or lower than Subrecipient's federally-negotiated rates. (If this box is checked, please send a copy of your Fringe Benefit Rate agreement to CSUSB before a subaward will be issued.)

☐ Based on actual rates.

☐ Other rates (please specify the basis on which the rate has been calculated in Section E: Comments)

3. Subrecipient Business Status:

☐ Large Business ☐ Institution of Higher Education ☐ Foreign Owned

☐ Small Business ☐ Nonprofit Organization ☐ For profit organization

If a small business, identify business classification (*certified by the Small Business Administration)

☐ Small Disadvantaged Business (SDB)* (8a)* ☐ Service-disabled veteran-owned business (SDVOSB)

☐ Women-owned small business (WOSB) ☐ HUBZone small business*

☐ Veteran-owned small business (VOSB) ☐ Alaska Native Corporation (ANC) (43USC1601)

☐ Minority Serving Institution (e.g., HBCU, HSI, MI, etc.)

4. Affirmative Action Compliance:

Indicate in accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2) that your organization has:

☐ a written affirmative action program has been developed and is on file

☐ a written affirmative action program has not been developed and is not on file

☐ not previously had contracts subject to the written affirmative action programs

5. **Human Subjects:** ☐ Yes ☐ No

Exemption Number or IRB Approval Date: (mm/dd/yy) _____ IRB Number: _____ ☐ IRB Pending

If answer to the above is **"Yes"** copies of the determination of exemption or IRB approval must be provided before any subaward will be issued. Please send the documents to CSUSB Office of Grants and Contracts as soon as they become available. Please indicate the CSUSB PI's name, Project Title, and subcontract number (for reference), if available.

If "Yes" and **NIH funding is involved**

Have all key personnel involved completed human subjects training? ☐ Yes ☐ No

Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm) as required by NIH.

Does your organization/institution have a Federalwide Assurance (FWA) Number? ☐ Yes ☐ No If "Yes" provide number: _____

6. **Animal Subjects:** ☐ Yes ☐ No Approval Date:(mm/dd/yy) _____ IACUC Number: _____

If **"Yes"** copies of the IACUC approval must be provided before any subaward will be issued. Please obtain approval and forward required documents to CSUSB Office of Research and Sponsored Programs, Spon_Pgm_PreAward@csusb.edu, as soon as they become available. Please indicate the CSUSB PI's name, Project Title, and subaward number (for reference), if available.

Does your organization/institution have a PHS Animal Welfare Assurance Number? ☐ Yes ☐ No If "Yes" provide number: _____

7. Responsible and Ethical Conduct of Research (RCR):

Mark if prime sponsor is NIH, NSF or USDA. Leave blank if not applicable. The prime sponsor of this project is:

☐ Not Applicable

☐ **National Institutes of Health (NIH)**

Policy: NIH requires that all trainees, fellows, participants, and scholars receiving support through any NIH training, career development award (individual or institutional), research education grant, and dissertation research grant must receive instruction in responsible conduct of research. This policy will take effect with all new and renewal applications submitted on or after January 25, 2010, and for all continuation (Type 5) applications with deadlines on or after January 1, 2011. This Notice applies to the following programs: D43, D71, F05, F30, F31, F32, F33, F34, F37, F38, K01, K02, K05, K07, K08, K12, K18, K22, K23, K24, K25, K26, K30, K99/R00, KL1, KL2, R25, R36, T15, T32, T34, T35, T36, T37, T90/R90, TL1, TU2, and U2R. This policy also applies to any other NIH-funded programs supporting research training, career development, or research education that require instruction in responsible conduct of research as stated in the relevant funding opportunity announcements.

Compliance: NIH policy requires participation in and successful completion of instruction in responsible conduct of research by individuals supported by any NIH training/ research education/fellowship/career award. It is expected that course attendance is monitored and that a certificate or documentation of participation is available upon course completion. NIH does not require certification of compliance or submission of documentation, but expects institutions to maintain records sufficient to demonstrate that NIH-supported trainees, fellows, and scholars have received the required instruction.

Resources: The NIH Research Training website (**http://grants.nih.gov/training/extramural.htm**) includes additional information on instruction in responsible conduct of research and links to the Office of Research Integrity (**http://ori.hhs.gov/**), links to instructional materials, and examples of programs that have been regarded as good models for instruction in responsible conduct of research (**http://bioethics.od.nih.gov/researchethics.html**). The National Academy Press has published the 3rd. edition of the classic, *On Being a Scientist*, and is available online at **http://books.nap.edu/catalog.php?record_id=12192**

☐ **National Science Foundation (NSF) or US Department of Agriculture (USDA)**

Statutory Requirement: "The Director shall require that each institution that applies for financial assistance from the Foundation for science and engineering research or education describe in its grant proposal a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduate students, graduate students, and postdoctoral researchers participating in the proposed research project."

Certification Regarding Responsible Conduct of Research (RCR):
The AOR is required to complete a certification that the institution has a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF or USDA to conduct research. Additional information on NSF's or USDA's Responsible Conduct of Research (RCR) policies are available on their respective websites.

Institutional Responsibilities:

A. An institution must have a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. As noted in NSF Grant Proposal Guide (GPG) Chapter II.C.1e, institutional certification to this effect is required for each proposal.
B. **While training plans are not required to be included in proposals submitted to NSF, institutions are advised that they are subject to review, upon request.**
C. An institution must designate one or more persons to oversee compliance with the Responsible RRCR training requirement.
D. Institutions are responsible for verifying that undergraduate students, graduate students, and postdoctoral researchers supported by NSF to conduct research have received training in the responsible and ethical conduct of research.

8. Misconduct in Research:

☐ Subrecipient **has established** a Misconduct in Research/Research Integrity policy that complies with federal regulations.

☐ Subrecipient **does not have** a Misconduct in Research/Research Integrity policy that complies with federal regulations.

9. Conflict of Interest *(applicable to PHS*, NSF, USDA, or any other sponsor that has adopted the federal financial disclosure requirements)*:

☐ Not applicable because this project is not being funded by NSF, PHS agency, USDA, or other sponsor requiring federal financial disclosure.

☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50,

Subpart F "Responsibility of Applicants for Promoting Objectivity in Research". Subrecipient also certifies that, to the best of the institution's knowledge: (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have, or will have, been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement. Subrecipient conflict of interest policy can be found at

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by CSUSB's policy.

**Public Health Service (PHS) agencies* include the following: National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), Agency for Toxic Substance and Disease Registry (ATSDR), and any other sponsor who has adopted PHS FCOI financial disclosure requirements.

10. Research Security Training *(applicable to DOD, DOE, NASA, NIH, NSF, and USDA)*

☐ Not applicable because this project is not being funded by DOD, DOE, NASA, NIH, NSF, USDA, or other sponsor requiring research security training.

☐ Subrecipient hereby certifies that all covered individuals* participating in this project have completed research security training consistent with Section 10634 of the CHIPSand Science Act of 2022 and that the subrecipient will maintain sufficient records of their compliance with this requirement.

**The CHIPS and Science Act of 2022 defines a "covered individual" as an individual who (A) contributes in a substantive, meaningful way to the scientific development or execution of a research and development project proposed to be carried out with a research and development award from a Federal research agency; and (B) is designated as a covered individual by the Federal research agency concerned.*

11. Confucius Institutes *(applicable to DOE, NSF, USDA, and any other programs requiring certification)*

☐ Not applicable because this project is not being funded by DOE, NSF, USDA, or other program requiring certification.

☐ Subrecipient hereby certifies in accordance with Section 10339A of the CHIPS and Science Act of 2022 (42 U.S.C. § 19039) that no NSF Funds will be awarded to an Institution of Higher Education (IHE) that maintains a contract or agreement between the IHE and a Confucius Institute unless specifically approved in a waiver by the NSF Director. See NSF Important Notices 149 (section 6): Updates to NSF Research Security Policies

12. Regarding Malign Foreign Talent Recruitment Programs *(DOD, DOE, NASA, NIH, NSF, USDA, and any other programs requiring certification)*

☐ Not applicable because this project is not being funded by DOD, DOE, NASA, NIH, NSF, USDA, or other sponsor requiring research security training.

☐ Subrecipient's Authorized Official certifies that all covered individuals* participating in this project have been made aware of and have certified they are not a party to a Malign Foreign Talent Recruitment Program, in accordance with Section 10632(a) of the CHIPS and Science Act of 2022.

**The CHIPS and Science Act of 2022 defines a "covered individual" as an individual who (A) contributes in a substantive, meaningful way to the scientific development or execution of a research and development project proposed to be carried out with a research and development award from a Federal research agency; and (B) is designated as a covered individual by the Federal research agency concerned.*

13. Safe and Harassment Free Fieldwork Plan (NSF ONLY)

Does the scope of work proposed by the subrecipient involve conducting research activities off-campus or off-site?

☐ Yes, Subrecipient hereby certifies that the subrecipient organization has a plan in place for this proposal that is compliant with the NSF PAPPG.

☐ No

14. Other Support (aka Current and Pending Support) Training and Policy (NIH only)

☐ Subrecipient hereby certifies that all senior/key personnel participating in this project have been trained on NIH's other support disclosure requirements as outlined in NOT-OD-25-133

15. Export Control Compliance

Does this project involve data, information, technology, etc. that may be subject to export control laws?

☐ * Yes ☐ No

* If applicable, sub-recipient hereby certifies that it understands and will comply with any and all applicable export control laws and regulations of the United States of America.

16. Fiscal Responsibility

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and (mark all that apply):

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

☐ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and 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. If there are findings, submit a copy of the most recent report that describes the findings and steps to be taken to correct the finding.

17. Debarment, Suspension, Proposed Debarment:

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? If "Yes" please explain in Section E: Comments. ☐ Yes ☐ No

The Subrecipient certifies that they: (answer all questions below)

☐ Are	☐ Are Not	presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal Contracts
☐ Are	☐ Are Not	presently indicted for, or otherwise criminally or civilly charged by a governmental entity
☐ Have	☐ Have Not	within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property
☐ Have	☐ Have Not	within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency

18. **The Subrecipient is registered in the System for Award Management (SAM) via SAM.gov and that its registration is current:** ☐ Yes ☐ No

SECTION D: Audit Status

1. OMB Uniform Guidance Audit Status

Does the Subrecipient receive an annual audit in accordance with OMB Uniform Guidance? ☐ Yes ☐ No **(If "NO", please complete "Financial Status Questionnaire")**

Has the audit been completed for the most recent fiscal year? ☐ Yes ☐ No

If "No", when is it expected to be completed: (m/d/yy)

B. Were any audit findings reported? (If "yes", explain in Section E: Comments below) ☐ Yes ☐ No

Note: A complete copy of Subrecipient's most recent report, or the Internet URL link to a complete copy must be furnished to University Enterprises Corporation at CSUSB before a subaward will be issued. URL:

C. If "No", does the Subrecipient receive overall federal funding of at least $750,000 per year? ☐ Yes ☐ No (If "No", skip Item D)

D. Subrecipient is a:

☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate

☐ For-profit entity that does not expend Federal funds or have annual audits

☐ Foreign entity

Note: If Subrecipient does not receive an OMB Uniform Guidance audit, the University Enterprises Corporation at CSUSB will require the Subrecipient to complete an Audit Certification and Financial Status Questionnaire, and may require a limited scope audit before a subaward will be issued.

2. Federal Funding Accountability and Transparency Act (FFATA)

Location of Subrecipient (City/State/Congressional District/County):

Note: If primary place of performance is different than Location of Subrecipient, provide location where project will be performed (Address/City/State/ZipCode+4 US)

UEI Number of Subrecipient receiving award:

Is Subrecipient owned or controlled by a parent entity? ☐ Yes ☐ No

If "Yes", please provide UEI number and location (City/State/Congressional District/Country) of parent entity.

SECTION E: Comments *(please attach additional pages if necessary)*

APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. By their signatures below,Subrecipient and its Principal Investigator certify (1) that the information submitted within the application is true, complete and accurate to the best of the Subrecipient's and PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Institution and PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the prime recipient's application. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.

Joint Research. This submission shall be understood to be a joint research agreement in accordance with 35 U.S.C. 103(c)(3) for activities contemplated herein. The scope of such joint research may be amended from time to time by agreement between the principal investigator(s) and their designee(s).

Signature of Subrecipient's Authorized Institutional Representative

Date

Name and Title of Authorized Institutional Representative/Signing Official

Address

City, State, Zip

Email Address

Name and Title of Administrative Point of Contact/Person to send award to

Address

City, State, Zip

Phone

Fax

Email Address

Subrecipient Program/Technical Contact

PI Name:

Position/Title:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email:

NIH Credential:

Print Form

Financial Status Questionnaire Form

*(To be completed if institution does **not** have annual audit in accordance with OMB Uniform Guidance.)*

Institution Legal Name:

General Information

☐ Y ☐ N **1.** Does your organization have its financial statements reviewed by an independent public accounting firm? **(Please enclose a copy of the most recent financial statements for your organization, audited or unaudited.)**

☐ Y ☐ N **2.** Are duties separated so that no one individual has complete authority over an entire financial transaction?

☐ Y ☐ N **3.** Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

☐ Y ☐ N **4.** Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a governmental agency or an independent public accountant? If so, explain. **(Please provide a copy of any recent external audit report.)**

Cash Management

☐ Y ☐ N **1.** Are all disbursements properly documented with evidence of receipt of goods or performance of services?

☐ Y ☐ N **2.** Are all bank accounts reconciled monthly?

Payroll

☐ Y ☐ N **1.** Are payroll charges checked against program budgets?

2. What system does your organization use to control paid time, especially time charged to sponsored agreements?

Property Management

☐ Y ☐ N **1.** Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

☐ Y ☐ N **2.** Are there effective procedures for authorizing and accounting for the disposal of property and equipment?

☐ Y ☐ N **3.** Are detailed property records periodically checked by physical inventory?

4. Briefly describe the organization's policies concerning capitalization and depreciation.

Procurement

☐ Y ☐ N **1.** Are there procedures to ensure procurement at competitive prices?

2. Is there an effective system of authorization and approval of:

☐ Y ☐ N **a)** capital equipment expenditures?

☐ Y ☐ N **b)** travel expenditures?

Cost Transfers

1. How does the organization ensure that all cost transfers are legitimate and appropriate?

Indirect Costs

☐ Y ☐ N **1.** Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? If so, explain. **(Please provide a copy of any negotiated indirect cost rate agreement.)**

☐ Y ☐ N **2.** Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? If so, explain.

Cost Sharing

1. How does the organization determine that it has met cost sharing goals?

Compliance

☐ Y ☐ N **1.** Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

☐ Y ☐ N **2.** Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds?

3. **Please provide a list of recent state or federal grants, contracts or cooperative agreements your organization has received and the award amount.**

Attachments

☐ Y	☐ N	**Recent Financial Statements External Review or Audit Report**
☐ Y	☐ N	**Financial Statements, Audited or Unaudited**
☐ Y	☐ N	**Indirect Cost Rate Agreement**
☐ Y	☐ N	**List of State and Federal awards**

Authorized Official Signature

Date

Name/Title of Authorized Official

Print Form