

SUBRECIPIENT COMMITMENT FORM

SECTION A: HOFSTRA UNIVERSITY PROPOSAL INFORMATION

Name of Hofstra University PI: _____
 Department: _____
 Prime Sponsor: _____
 Title of Proposal: _____

Hofstra Period of Performance: From: (mm/dd/year) _____ To: (mm/dd/year) _____

SECTION B: SUBRECIPIENT ELIGIBILITY

Any organization planning to enter into a collaborative subrecipient relationship with Hofstra University must complete this form. Please answer the following question to determine if a formal subrecipient partnership can be established between your organization and Hofstra University. **Please answer the following question BEFORE completing the rest of the form.**

Is your organization, PI or any other employee or student participating in this project presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency? Yes No

If you answered "Yes" to the question above it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify Hofstra University's Principal Investigator (PI) as soon as possible.

SECTION C: SUBRECIPIENT INFORMATION

Legal Name of Subrecipient Organization: _____
(as specified in Central Contractor Registration – CCR)

DUNS #: _____ FEIN #: _____ Congressional District: _____

Subrecipient Principal Investigator: _____

Project Period: From: (mm/dd/year) _____ To: (mm/dd/year) _____

Requested Amount of Subrecipient Award: \$ _____

Subrecipient Cost Share (if applicable): _____

Address of Subrecipient: _____

City: _____

State: _____ 9-digit zip code: _____

Country: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: _____

Address of Place of Performance (if different): _____

City: _____

State: _____ 9-digit zip code: _____

Congressional District: _____

SECTION D: PROPOSAL DOCUMENTS

STATEMENT OF WORK (Required)

Includes work to be performed; project description; PI; period of performance; deliverables; milestones

BUDGET and BUDGET JUSTIFICATION (Required)

- Budget for entire length of project and broken down by budget period.
- Budget justification with reasonable level of detail for cost/price analysis.

This **SUBRECIPIENT COMMITMENT FORM (Required)** signed by Subrecipient Authorized Official.

For First-Time Subrecipients: **OMB UNIFORM GUIDANCE SINGLE AUDIT REPORT (Required)**

All Others: **MOST RECENT AUDITED FINANCIAL STATEMENTS AND CERTIFICATIONS (Required)**

F&A COST RATE AGREEMENT (if IDC is included in proposal budget) **(Required)**

OTHER: _____

SECTION E: SUBRECIPIENT COMPLIANCE REVIEW

Are Human Subjects involved?

Yes No

Approval pending? Yes No

Approval Date: (mm/dd/year) _____

Expiration Date:(mm/dd/year) _____

Human Subjects Assurance No. (MPA/FWA): _____

Is Animal use/experimentation involved?

Yes No

Approval pending? Yes No

Approval pending?

Approval Date: (mm/dd/year) _____

Expiration Date:(mm/dd/year) _____

Animal Welfare Assurance No: _____

Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws?

No Yes

Unknown at this time

E 1 Responsible Conduct in Research (RCR) (applicable to NSF and NIH)

Not applicable, as this project is not funded by NSF or NIH, or it is a non-educational institution

By checking this box, Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet NSF’s Educational Requirements for the Responsible Conduct of Research, as required under the “America COMPETES Act” PUBLIC LAW 110-69-August 9, 2007. Subrecipient certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF’s RCR training requirements.

By checking this box, Subrecipient certifies, if applicable, that for NIH Grants for Training and Fellowship awards, that Subrecipient will monitor and maintain records for the individual training plans as proposed by Subrecipient, in accordance with NIH’s RCR training requirements.

E 2 Conflict of Interest Applicable to NIH and Other PHS Funded Research

Has your organization certified compliance with PHS 42 CFR Part 50 Subpart F and 45 CFR Part 95, Promoting Objectivity in Research through the FDP Clearinghouse? Yes No

If so, proceed to the FFATA section **E3** on this form.

If not, respond to the following question: As of 08/24/2012, does your organization have a current financial conflict of interest (FCOI) policy that is compliant with PHS 42 CFR Part 50 Subpart F and 45 CFR Part 95, Promoting Objectivity in Research?

Yes If yes, **by signing below I certify that all Investigators on this project have complied with the Institution’s PHS-compliant FCOI policy.**

NOTE: Prior to receipt of award, the Subrecipient Institution must certify PHS-compliant FCOI training for all Investigators, and must report all financial conflicts and related management plan to Hofstra University.

No No, however, as a Subrecipient, I have a **pending** Financial Conflict of Interest policy compliant with PHS 42 CFR Part 50 Subpart F and 45 CFR Part 95, or will adopt & implement a policy prior to execution of the subaward agreement that is compliant using the Federal Demonstration Partnership (FDP) Model Policy as a guide.

E 3 Federal Funding Accountability and Transparency Act (FFATA)

Exempt from reporting compensation? Yes No

If no, proceed with filling out the top 5 paid officers below. Executive compensation information for the Subrecipient must be reported if: More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually; compensation information is not already available through reporting to the Security & Exchange Commission (SEC).

OFFICER 1 Name: _____

Compensation: \$ _____

OFFICER 2 Name: _____

Compensation: \$ _____

OFFICER 3 Name: _____

Compensation: \$ _____

OFFICER 4 Name: _____

Compensation: \$ _____

OFFICER 5 Name: _____

Compensation: \$ _____

E 4 Lobbying (for U.S. federal project only):

Yes No My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. **(If "No," attach explanation.)**

APPROVED FOR SUBRECIPIENT:

The information, certifications and representations above have been read, signed and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Signature of Subrecipient's Authorized Official: _____

Type or print name and title of Authorized Official: _____

Contact Information

University Contacts	Collaborator Contacts
University EIN Number (Tax #: 11-1630906) DUNS # 065931800 Cong. District: NY-004	Collaborator EIN Number: DUNS # Cong. District:
Administrative Contact – Pre Award	Administrative Contact – Pre Award
Name: Sofia Kakoulidis Address: 144 Hofstra University 200 West Library Wing Hempstead, NY 11549-1440 Telephone: (516) 463-6810 Fax: (516) 463-6505 Email: sofia.kakoulidis@hofstra.edu	Name: Address: Telephone: Fax: Email:
Project Director or PI	Project Director or PI
Name: Address: Telephone: Fax: Email:	Name: Address: Telephone: Fax: Email:
Administrative Contact – Post Award	Administrative Contact – Post Award
Name: Address: Telephone: Fax: Email:	Name: Address: Telephone: Fax: Email:
Financial Contact	Financial Contact
Name: Address: Telephone: Fax: Email:	Name: Address: Telephone: Fax: Email:
Authorized Official	Authorized Official
Name: Address: Telephone: Fax:	Name: Address: Telephone: Fax: Email: