



**Boston College**  
**OFFICE FOR SPONSORED PROGRAMS**  
**SUBRECIPIENT COMMITMENT FORM**

Subrecipient Legal Name: \_\_\_\_\_  
 Subrecipient PI Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Address where research will be performed: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Proposal Title: \_\_\_\_\_  
 Performance Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 BC's PI Name: \_\_\_\_\_  
 Prime Sponsor: \_\_\_\_\_

**SECTION A – Proposal Documents**

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

- STATEMENT OF WORK** (required)
- BUDGET AND BUDGET JUSTIFICATION** (required)
- Biosketches of all Key Personnel, in agency-required format
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

1. **Cost Sharing**     **Yes**     **No**    **Amount:** \_\_\_\_\_  
*Cost sharing amounts and justification should be included in the subrecipient's budget*

2. **Human Subjects**             **Yes**     **No**            **Approval Date:** \_\_\_\_\_  
*If "Yes": Copies of the IRB approval must be provided before any subaward will be issued. Please forward these documents to BC's PI/Dept Admin and BC's Office for Sponsored Programs as soon as they become available.*  
*If "Yes": Have all key personnel involved completed Human Subjects Training?*     **Yes**     **No**

3. **Animal Subjects**             **Yes**     **No**            **Approval Date:** \_\_\_\_\_  
*If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to BC's PI/Dept Admin and BC's Office for Sponsored Programs as soon as it becomes available.*

4. **FDP Membership?**     **Yes** (Skip to the signature portion of Section D)     **No** (Continue on to Section B)

**SECTION B - Certifications**

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:  
 Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
*(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)*  
 Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)

2. **Fringe Benefit Rates** included in this proposal have been calculated based on:  
 Rates consistent with or lower than our federally-negotiated rates  
*(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)*  
 Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).

3. **Small Business Concern**     **Yes**     **No**  
 Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

- If "Yes":* Subrecipient represents that it is a:
- Small disadvantaged business as certified by the Small Business Administration
  - Women-owned small business concern
  - Veteran-owned small business concern
  - Service-disabled veteran-owned small business concern
  - HUBZone small business concern

**4. Conflict of Interest (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements)**

Please check the appropriate responses below

- Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), or any other sponsor that has adopted the federal financial disclosure requirements (NSF, etc.).
- Subrecipient Organization/Institution 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures will be 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 expenditures of any funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.
- Subrecipient does not have an active and/or enforced conflict of interest policy, but will have a PHS compliant policy in place and published at the time of award. (A sample FDP COI policy can be found at [http://sites.nationalacademies.org/PGA/fdp/PGA\\_061001](http://sites.nationalacademies.org/PGA/fdp/PGA_061001)).
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt BC's policy.

By signing below, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant. For those adopting BC's policy, the training is located online at <http://www.citiprogram.org> or <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>.

Please send a copy of the certification of completion to BC's Office for Sponsored Programs.

**5. Debarment and Suspension**

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?  Yes  No  
(if "Yes", explain in Section D *Comments* below)

The Subrecipient certifies 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 government 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 of 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

**SECTION C - Audit Status**

**6. Audit Status**

- Subrecipient receives an annual audit in accordance with OMB 2 CFR 200.  
Most recent fiscal year completed: FY \_\_\_\_\_  
Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.)  Yes  No

**Please attach a complete copy of your most recent audit report or provide the URL link to a complete copy.**

- Subrecipient DOES NOT receive an annual audit in accordance with OMB 2 CFR 200.  
Subrecipient is a:
  - Non-profit entity (under federal funding threshold)
  - Foreign entity
  - For profit entity
  - Government entity

Please complete a Subrecipient Questionnaire. A limited scope audit may be required before a subaward will be issued.

**SECTION D - Comments**

**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. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official

\_\_\_\_\_  
Legal Name of Subrecipient's Organization/Institution

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Federal Employer Identification Number (EIN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DUNS or DUNS+4 number

\_\_\_\_\_  
Subrecipient's Congressional District

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

If "Yes", please provide the following:

Parent Entity Legal Name: \_\_\_\_\_

Parent Entity Address, City, State, Zip: \_\_\_\_\_

Parent Entity Congressional District: \_\_\_\_\_

Parent Entity DUNS: \_\_\_\_\_

Parent Entity EIN: \_\_\_\_\_