

## SUBRECIPIENT COMMITMENT FORM



All Subrecipients must complete this form when submitting a Subaward proposal to Coastal Carolina University. Please complete this form and send all required documents and certifications to [OSPRS@coastal.edu](mailto:OSPRS@coastal.edu).

### COASTAL CAROLINA UNIVERSITY INFORMATION

Principal Investigator (First and Last Name)

Proposal ID Number

Proposal Title

### SUBRECIPIENT INFORMATION

Legal Name

UEI

EIN

Performance Site Address

City  State  9-digit Zip Code

Principal Investigator (First and Last Name)

Total Funds Requested by Subrecipient

Subrecipient Project Period Begin

Project Period End

### SECTION A: PROPOSAL DOCUMENTS

The following documents are included in Subrecipient's Subaward proposal submission in compliance with the prime sponsor's solicitation guidelines:

Statement of Work (required)

Budget (required)

Budget Justification (required)

Letter of Collaboration/Support

Other proposal documentation as required by prime sponsor's solicitation guidelines

## SECTION B: CERTIFICATIONS

**1. Conflict of Interest:** only applicable to PHS, NSF, or other sponsors that have adopted the financial disclosure requirements. Check all that apply.

- Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research."
- Subrecipient certifies that to the best of its knowledge, all financial disclosures have been made related to the activities that may be funded by 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 does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by CCU's policy and related procedures. See policy: <https://www.coastal.edu/policies/pdf/acad-132-january2019.pdf>.
- Not applicable: Project is not being funded by PHS, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

**2. Responsible Conduct of Research:** for NSF or USDA-NIFA sponsors only. Check all that apply.

- NSF: Subrecipient hereby certifies that it will ensure that all undergraduates, graduate students, and post-doctoral researchers who will be supported by the NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.
- USDA-NIFA: Subrecipient hereby certifies that it has an institutional plan compliant with USDA-NIFA's February 2013 Agency-Specific Terms and Conditions Requirements related to responsible conduct of research.

### 3. Certification Regarding Debarment and Suspension

Is the Subrecipient, Subrecipient PI, or any other employee or participant of Subrecipient debarred, suspended, or otherwise excluded from or ineligible for participation in federal programs or activities?

Yes (if yes, attach or provide explanation in section 7)

No

### 4. Cost Sharing/Matching/In-kind Support Included in the Proposal

Any Subrecipient cost sharing, matching, and/or in-kind support should be included in the Subrecipient's budget and budget justification. Third-party matching or in-kind support to Subrecipient should be verified by a letter of support signed by an authorized representative of the third-party. Third-party support letter(s) should be attached to this form.

Subrecipient Cost Sharing  Third-party Match or In-kind Support

### 5. Audit Status

Subrecipient receives an annual audit in accordance with Uniform Guidance 2 CFR 200.

Yes

No

If yes: Provide copy or link where your audit can be accessed in section 7.

Most recent fiscal year completed:

Most recently completed audit:

Disclosed no material instances of non-compliance, material weakness and/or reportable conditions

Included material instances of non-compliance, material weakness and/or reportable conditions (Attach or provide explanation in Section 7.)

If no: Subrecipient DOES NOT receive an annual audit in accordance with Uniform Guidance 2 CFR 200. Subrecipient is a:

For-profit entity

Foreign entity

Non-Federal entity (expended less than \$750,000/year in federal funds during last fiscal year)

U.S. Government entity

Other

Subrecipient receives an external financial audit:

Yes: Provide copy or link where your audit can be accessed in section 7.

No: If an audited financial statement is not available, supporting documentation (including but not limited to copies of receipts, payroll cost reports, effort certification sheets, etc.) may be required with each invoice. All invoices are to include signed certification that expenses are for appropriate purposes and in accordance with the agreements set forth in the subaward documents.

## **6. Fiscal Responsibility**

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

has the capability to identify, in its accounts, all Federal awards received and associated expenses as well as 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 provisions of contracts 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 subaward agreement costs. If there are findings, submit a copy of the most recent report that describes the finding(s) and steps to be taken to correct the finding.

## 7. Comments/Additional Links

### SUBRECIPIENT CERTIFICATION

The information, certifications, and representations stated above have been made by an authorized official of the Subrecipient named herein. Additionally, the appropriate programmatic and administrative personnel involved in the preparation of this Subrecipient Commitment Form are aware of the sponsor policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. Subrecipient understands that any expenses incurred prior to the full execution of a Subaward Agreement are at the Subrecipient's own risk.

Signature of Authorized Official for Subrecipient

Date

Name and Title of Authorized Official (print/type)

Email

Phone

**Print**

Reset

**SUBRECIPIENT AWARDEE INFORMATION**

AWARDEE LEGAL NAME:			
DUNS:	EIN/TIN:	INSTITUTION TYPE:	
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE (9 digits):	CONGRESSIONAL DISTRICT:

**SUBRECIPIENT ADMINISTRATIVE CONTACT**

CONTACT NAME:	
EMAIL:	PHONE:

**SUBRECIPIENT FISCAL REPRESENTATIVE** *(if different from administrative contact)*

FICAL REPRESENTATIVE NAME:	
EMAIL:	PHONE:

**SUBRECIPIENT PERFORMANCE SITE** *(if different from awardee info)*

SITE NAME:			
DUNS:	EIN/TIN:	INSTITUTION TYPE:	
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE (9 digits):	CONGRESSIONAL DISTRICT:

**SUBRECIPIENT PRINCIPAL INVESTIGATOR INFORMATION**

PRINCIPAL INVESTIGATOR NAME:		
Email Address:	Phone:	Degree/Year:

**SUBRECIPIENT OTHER SENIOR PERSONNEL INFORMATION**

SENIOR PERSONNEL NAME:		
Email Address:	Phone:	Degree/Year:

**SUBRECIPIENT OTHER SENIOR PERSONNEL INFORMATION**

SENIOR PERSONNEL NAME:		
Email Address:	Phone:	Degree/Year: