

For CUNY Use

Rev. 7.17.23

RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

SUBRECIPIENT COMMITMENT FORM

PRSY Number				
Sections "B" through "J" should be completed at the proposal stage your organization's business processes and can obtain input on the organization.				
This form must be completed to determine whether your organizati form must be received before a subagreement with CUNY can be expected.		subrecipient or contractor. This		
Section A. Proposal Information (to be completed by CUNY Spon	sored Research Office)			
CUNY PI	College			
Prime Sponsor				
Title of Proposal				
CFDA #	R & D Award?	P ■ Yes ■ No		
Proposal Period of Performance Start	End			
Address				
City	State	Zip		
Subrecipient Unique Entity Identifier (UEI)#	EIN# DI	UNS#		
Institutional Type	Congressional District			
Is the Subrecipient participating in the FDP Expanding Clearinghous	e? ☐ Yes ☐ No			
Registered in SAM? \square Yes \square No Expiration Date//	/ Web Address (URL)			
Amount of Funding Requested Amount	of Cost Sharing Committed			
Subrecipient Proposed Period of Performance Start	End			
Section C. Subrecipient Eligibility				
The CUNY Research Foundation (RF) requires a Subrecipient Comm	nitment Form to be completed before	a subagreement may be fully		

questions, the Research Foundation of The City University of New York cannot enter into a subaward with your organization.

of changes to the information provided, the RF should be notified within 30 days by sending an email to legalaffairs@rfcuny.org.

Please answer the following questions before completing the rest of the form. If you answer "Yes" to either of these

executed. This form will be considered valid for 1 year from the date of signature by your organization's Authorized Official. In the event

Is your PI or other persons known at time of applica	tion to be participating in t	his project presently debarred, suspended, prop	osed for
debarment, declared ineligible or voluntarily exclude	d from participation in any	Federal department or agency?	
	■ Yes	□ No	
Is your organization delinquent on repayment of any	Federal debt including dire	ect and guaranteed loans and other debt as def	fined in
OMB Circular A-129, "Managing Federal Credit Progr	rams"?	□ _{No}	
Section D. Subrecipient Requirements and Resp	oonsibilities		
The Research Foundation of CUNY (RF) views the s requirements and responsibilities of a subrecipient			
<u>Subrecipients</u>			
The subrecipient must comply with the sponsor re	equirements of the prime av	ward (e.g., effort reporting on federal awards).	
The subrecipient exercises programmatic control	over how the sponsored wo	ork is performed. It makes independent	
decisions regarding how to implement the propos PI.	sed activities, as opposed to	providing goods or services to the prime award	
The subrecipient is responsible for substantive	programmatic work or for	conducting a significant portion of the project.	
 A principal investigator has been identified as the co-authored. 	ne subrecipient who function	ons as a Co-Pl. Publications may be created or	
Contractors			
A contractor is not subject to the compliance re	quirements of the Federal	program (e.g. effort reporting on Federal award	ls).
 A contractor provides goods or services develop 	ped according to the specif	fications of the CUNY Principal Investigator.	
 A contractor provides similar goods or services environment. 	within its normal business	s operations and normally operates in a compet	itive
 A contractor provides goods or services that are 	e ancillary to the operation	of the Federal program.	
Is my organization properly categorized as a subrec	cipient as described above	? □ Yes □ No	
If "No", please contact the CUNY PI about procuring	g your organization's produ	ucts and/or services as a contractor	
Section E . Additional Subrecipient Proposal II	nformation		
Subrecipient Performance Site Address (if different	t from page one)		
Subrecipient PI			
Department Affiliation			
PhoneFa	X	Email	
Address			
City	State	Zip	

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Administrative/Contractual Contact _			
Phone	Fax		Email
Address			
City		State	Zip
Financial Contact			
Phone	Fax		Email
Address			
City		State	Zip
Authorized Signatory			
Department Affiliation			
Phone	Fax		Email
Address			
City		State	Zip
rate for this type of work. (If this agreement) 10% de minimis (minimum) rate (rate is available to both domestic Other (please explain, e.g., NIH cassection G. Fringe Benefit Rates	te included in this proposa box is checked, please atta If the subrecipient does no and foreign subrecipients. Ips foreign subrecipients a	t have a negotiate. Pls may not negotiate. t 8%)	ed F&A rate, a 10% de minimis rate must be used. This otiate or agree to lower rates with their subrecipients.) s box is checked, please attach a copy of your
Other (explain)			
Section H. Research Compliance Check as applicable Does the project involve human subject If "Yes", please provide Federal wide As Does the project involve animal subject If "Yes", please provide Animal Welfare	ssurance number s?	nding	
	stricted Research" activities		d? (Example: Embryonic Stem Cells, Biohazard,

If "Yes", please provide copies of any applicable approvals that must be provided before any subaward will be finalized.

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Section I. Financial Conflict of Interest	
(applicable to PHS & NSF funded projects or agencies that have adopted the federal financial disclosure requirements)	
Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the	
provisions of 42 CFR 50, Subpart F and 45 CFR 94, "Responsibility of Applicants for Promoting Objectivity	
in Research." Subrecipient further certifies that, to the best of its knowledge, 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 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 certifies that it has an active and enforced COI policy that is consistent with the provisions of	
NSF Award and Administration Guide, Chapter IV - Grantee Standards, A. Conflict of Interest Policies.	
Subrecipient further certifies that, to the best of its knowledge, 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 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.	
Not applicable because this project is not being funded by a PHS funded agency, or other agency that has adopted	
PHS FCOI regulations.	
Section J. Proposal Documents	
The following documents are required with this subaward proposal.	
Statement of Work	
 ☐ Budget and Budget Justification in awarding agency format ☐ Subrecipient Commitment Form 	
☐ Letter of Commitment	
☐ CUNY Conflict of Interest Form ☐ F & A Agreement	
□ W-9 Form	
□ Other	
Subrecipient Authorized Representative Approval	
I hereby certify that the information I provided accurately represents the organization of which I am an Authorized Representative. 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	
Name and Title of Authorized OfficialDate	

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