Texas Tech University
HEALTH SCIENCES CENTER™
Office of Sponsored Programs

SUBRECIPIENT COMMITMENT FORM

SECTION A: PROPOSAL INFORMATION

Subrecipient Legal Name:

Subrecipient Principal Investigator (PI):

Address: City: State: Zip + 4:

Phone: Email:

Subrecipient Total Funds Requested:

Subrecipient Period of Performance - Start Date: End Date:

Prime Sponsor: Funding Opportunity Number:

Project Title:

TTUHSC PI:

SECTION B: CERTIFICATIONS

1. **Human Subjects** Yes ☐   No ☐   N/A
   If "Yes" and project is funded, a copy of IRB approval must be provided before any subrecipient agreements can be issued.
2. **Animal Subjects** Yes ☐   No ☐   N/A
   If "Yes" and project is funded, a copy of IACUC approval must be provided before any subrecipient agreements can be issued.
3. **Recombinant DNA and Transgenic Organisms** Yes ☐   No ☐   N/A
   If "Yes" and project is funded, a copy of the IBC approval must be provided before any subrecipient agreements can be issued.
4. **Cost Sharing** Yes ☐   No ☐   N/A
   Cost sharing amounts, if applicable, should be specified in the subrecipient's budget. Please note that an annual verification of the cost sharing commitment will be required.

By signing below, the authorized official of the Subrecipient certifies, to the best of his/her knowledge and belief, that:

5. **Certification Regarding Lobbying**
   a. No Federally appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
   b. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or intending 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 Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," to Texas Tech University Health Sciences Center.
6. **Debarment, Suspension, and Other Responsibility Matters**
   a. Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
   b. Subrecipient certifies that it is not delinquent on any Federal debt.
7. **Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought** (42 CFR Part 50, Subpart F)
   Please note that this is a required certification at the time of the proposal and if this is not provided by the subrecipient they will not be included on the prime proposal. **Check __one__ of the three boxes below:**

☐ Subrecipient certifies that it has an active and enforced conflict of interest policy that complies with applicable federal law, including 42 CFR Part 50, Subpart F. Subrecipient also certifies that, to the best of 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 funds under any resultant agreement.

☐ Subrecipient does not have an active and enforced conflict of interest policy and agrees to implement a policy that complies with federal law including 42 CFR Part 50, Subpart F.

☐ Subrecipient does not have an active and enforced conflict of interest policy and will comply with TTUHSC policy at OP 73.09 Financial Conflicts of Interest in Research.

SECTION C: INSTITUTIONAL INFORMATION AND AUDIT INFORMATION

1. DUNS Number of Subrecipient:
2. EIN of Subrecipient:
3. Congressional District:

4. Subrecipient is registered with SAM.gov: ☐ Yes ☐ No
   If "Yes," enter expiration date:
5. Subrecipient has current F&A cost Rate Agreement: ☐ Yes ☐ No
   If "Yes," attach copy of rate agreement

A-133 Audit Status

Does the subrecipient receive an annual audit in accordance with OMB Circular A-133? ☐ Yes ☐ No

If "Yes": Has the audit been completed for the most recent fiscal year? ☐ Yes ☐ No
Were any of the audit findings reported? ☐ Yes ☐ No
If "Yes," submit a copy of your institution's most recent audit report, or add the Internet URL link below:

If "No": Note - if a subrecipient does not receive an A-133 audit, TTUHSC may require additional documentation before a subrecipient agreement will be issued.

Contact Information for audit questions:
Name: Phone: Email:

SECTION D: INSTITUTIONAL APPROVAL

The information, certifications, and representations above have been read, signed, and made by an Authorized Organizational Representative of the Subrecipient Organization named herein. The appropriate programmatic and administrative personnel involved in this application are aware of the policies in regard to a subrecipient agreement 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 subrecipient agreement are at the Subrecipient's own risk.

_____
Signature of Subrecipient's Authorized Organizational Representative

Name and Title

Date