



## Marquette University (MU) Subrecipient Commitment Form

### Section A: Project Information:

Prime Sponsor:		
MU PI:		
Project Title:		
MU Period of Performance:	From:	To:

Subrecipient PI:	Email:
Subaward Period of Performance:	From: To:
Subaward Performance Site Address:	
Subaward Performance Site Congressional District:	

### Section B: Subrecipient Information:

Legal Name:		
Legal Street Address:		
City, State, Zip code +4:		
Phone:	Central Email:	Website URL:
Federal EIN:	DUNS #	Congressional District:
Institution Type:		
Is Subrecipient registered in SAM.gov:	<b>Yes No</b>	Expiration Date
Is Subrecipient exempt from reporting executive compensation:	<b>Yes No</b>	
<b>If No, please provide the executive compensation information on FDP Subaward Attachment 3B-2.</b>		
Is Subrecipient owned or controlled by a parent entity:	<b>Yes No</b>	
<b>If Yes, please complete the following:</b>		
Parent's Legal Name:		
Parent's Legal Address:		
Parent's Federal EIN:	Parent's DUNS #:	
Parent's Congressional District:		

## **Section C: Certifications:**

### **1. Debarment/Suspension/Delinquent Federal Debt:**

**Yes No** 1.1 Is the Subrecipient or Subrecipient's principal Investigator or any other employee or student participating in this project presently debarred, suspended, or otherwise excluded from or ineligible for participation in any federal assistance programs or activities?

**If Yes, please explain in Section D: Comments.**

**Yes No** 1.2 Is the Subrecipient presently indicted for, or otherwise criminally or civilly charged by a government entity? **If Yes, please explain in Section D: Comments.**

**Yes No** 1.3 Has the Subrecipient 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 or 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? **If Yes, please explain in Section D: Comments.**

**Yes No** 1.4 Has the Subrecipient within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? **If Yes, please explain in Section D: Comments.**

**Yes No** 1.5 Is the Subrecipient delinquent on any federal debt?  
**If Yes, please explain in Section D: Comments.**

### **2. Conflict of Interest Policy** Please check the response below:

Not applicable as this project is not funded by PHS (NIH, CDC, etc.), or any other sponsors that follow the federal financial disclosure requirements (NSF, etc.).

NSF or other sponsors that have adopted the NSF financial disclosure requirement):  
Subrecipient certifies that it has a Financial Conflict of Interest (FCOI) policy that complies with that required by NSF (or other sponsors that have adopted the NSF financial disclosure requirements).

PHS (or other sponsors that have adopted the PHS financial disclosure requirements):  
Subrecipient certifies that it has a written, 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." 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 any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and/or financial conflict of interest policy, and agrees to abide by Marquette University's policy available at the link below:  
[http://www.marquette.edu/orsp/documents/COI\\_Policy.pdf](http://www.marquette.edu/orsp/documents/COI_Policy.pdf)

**3. Responsible Conduct of Research (RCR)** Please check the response below:

Not applicable because this project is not funded by NSF, NIH, NIFA, or other sponsor that has adopted the RCR training requirement. Please note that NIH requires RCR training only for specific awards. See the following link for more information:

<https://grants.nih.gov/grants/guide/notice-files/not-od-10-019.html>

Subrecipient certifies that it has a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to all undergraduates, graduate students, and postdoctoral researchers supported by a sponsor that requires RCR training.

Subrecipient does not have an RCR training program in place and agrees to abide by Marquette University’s policy.

**4. Audit Status**

**Yes**      **No**      4.1 Does the Subrecipient receive an annual audit in accordance with Uniform Guidance (2 CFR 200 Subpart F)?

**If Yes, provide:**

URL link to audit report or attach copy
Dates of Fiscal Year:
Most recent FY audit completed:
Any audit findings or questioned costs reported? <b>Yes</b> <b>No</b>
<b>If yes, please provide explanation in Section D: Comments or attach supporting documentation.</b>

**If No, select all reasons that apply:**

- Subrecipient receives overall federal funding less than \$750,000 per year
- Subrecipient is a Non-Profit Entity (under federal funding threshold)
- Subrecipient is a Government Entity
- Subrecipient is a Federal Agency
- Subrecipient is a For-Profit Entity
- Subrecipient is a Foreign Entity
- Other Reason: **Please explain in Section D: Comments**

Please note: Subrecipient will be required to complete an additional **Mini Audit Questionnaire** to provide additional financial status information prior to the issuance of a subaward.

**Yes**      **No**      4.2 Does the Subrecipient have a Federally-negotiated **Facilities and Administrative Cost Agreement**?

**If Yes, provide:**

URL link to rates, or attach copy
Agreement Expiration Date:

**If No, provide:**

Documentation to substantiate proposed rate (ie. breakdown of rate component). If rates are proprietary, can Subrecipient certify that rates applied during the period of performance in the subaward agreement will not exceed the current proprietary rate? <b>Yes</b> <b>No</b>
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**Yes**      **No**      4.3 Does the Subrecipient have a designated Federal cognizant audit agency?

**If Yes, provide:**

Name of the agency:
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## **5. Project Compliance**

**Yes**      **No**      5.1 Will the Subrecipient provide **Cost Sharing** for this project?

**If Yes, provide amount:**

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**Yes**      **No**      5.2 Will the project require Subrecipient to send MU any **Export-Controlled Information**?

**If Yes, provide detail and restriction information below.**

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**Yes**      **No**      5.3 Does the project involve **Human Subjects**?

**If Yes, provide**

IRB Approval Date:
IRB Number or Exemption Number
Federalwide Assurance (FWA) Number if applicable:
Have all key personnel involved completed Human Subjects Training? <b>Yes</b> <b>No</b>

Please attach copies of IRB approval/exemption determination which is needed to issue a subaward.

**Yes**      **No**      5.4 Does the project involve **Live Vertebrate Animals**?

**If Yes, provide**

IACUC Approval Date:
IACUC Number or Exemption Number:
Animal Welfare Assurance (AWA) Number if applicable:

Please attach copy of IACUC approval/exemption determination which is needed to issue a subaward.

**Y Yes**      **No**      5.5 Does the project involve **Recombinant and Synthetic Nucleic Acids**?

**If Yes, provide**

IBC Approval Date:
IBC Number or Exemption Number:

Please attach copies of IBC approval/exemption determination which is needed to issue a subaward.

**Section D: Comments:**

**Section E. Endorsement:**

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 regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work performed 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 Subrecipient's Authorized Official**

**Date**

**Email/ Phone**

**Please return the completed Subaward Commitment Form to Marquette University at [grantcontracting@marquette.edu](mailto:grantcontracting@marquette.edu) .**