Print Form

William Paterson University
Office of Sponsored Programs
Raubinger Hall 107, 973-720-2852

Subrecipient Commitment Form

Please complete this form, attach all required documents and certifications, and submit to William Paterson University by fax to 973-720-3573 or email to grants@wpunj.edu (please call to confirm receipt). This must be received by William Paterson University to authorize including you in the proposal when it is submitted.

Agency Legal Name			
	Employer Identification Number (EIN):	DUNS Number:	
Principal Investigator or Project Director			
PI/PD Contact Information	Email Address:	Telephone:	
Proposal Title			
Funding Agency and Program			
Total Funds Requested	$	Total Match or Cost-Share if Provided	$
Performance Period:	Years	Beginning Date	Ending Date
Subrecipient is a	☐ Institution of Higher Education ☐ Non-Profit Agency ☐ Governmental Agency ☐ Other: ☐ Other Education (i.e.: K-12) ☐ For-Profit Agency ☐ Foreign Agency		
Required Attachments	☐ Statement of Work	☐ Other:	
	☐ Budget and Budget Justification	☐ Other:	

CERTIFICATIONS

1. **Facilities & Administration (F&A; Indirect)**
   ☐ Rate included in the proposal/budget is either within our federally-approved rate agreement, a reduced rate established by the funding agency that is within the scope of our rate agreement and that we accept, or is a voluntarily reduced rate. Please provide the following:
   Cognizant Agency, Contact and Phone: _____
   Period Covered: _____
   ☐ We do not have a federally-approved rate; details on calculation are attached.
   ☐ Not applicable for this proposal
2. **Human ☐ or Animal ☐ Subjects or ☐ Not Applicable**
   ☐ No ☐ Yes: Copy of local determination will be required for completion of subcontract agreement.
3. **Conflict of Interest**
   ☐ We certify that we have an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR Par 50, Subpart F, *Responsibility of Applications for Promoting Objectivity in Research*.
   ☐ We do not have an active and/or enforced conflict of interest policy and agree for our staff on this project to abide by WPUNJ's (ww3.wpunj.edu/osp)
4. **Cost Sharing/Matching/In-Kind**
   ☐ Included and described in full in proposal and budget
   ☐ Not applicable for this project
5. **Debarment or Suspension**
   We certify that this institution, its principals, or anyone involved in this project ☐ **ARE** ☐ **ARE NOT** debarred or suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal department or award.
6. **A-133 Audit Status**
   ☐ We receive an annual audit in accordance with OMB Circular A-133.
   ☐ We receive an annual audit based on other regulatory authorities.

APPROVAL

We certify that the information contained in the application and its budget are accurate and have been approved for submission. We certify that the programmatic and administrative personnel involved in the application are aware of agency policy in regard to subawards and are prepared to establish and implement the necessary inter-agency agreements consistent with those policies and the application that is submitted. We certify that we and this proposal are in compliance with the applicable OMB Circulars and other regulatory directives concerning Misconduct, Debarment and Suspension, Drug Free Workplace, and Lobbying, and other issues mandated in the application materials. We also understand that any work begun and/or expenses incurred prior to the execution of the subcontract agreement are at our own risk.

Authorized Official:

Name: _____ Signature: _____

Title: _____ Date: _____

Telephone: _____

Email: _____