



SUBRECIPIENT COMMITMENT FORM

All subrecipients should complete this form. It provides a checklist of documents and certifications required by the prime sponsor(s), as well as an area for the authorized organizational representative to sign.

SECTION A -To Be Completed by Langston University

Principal Investigator: _____

Phone: _____ Email: _____

Sponsored Programs Contact: _____

Phone: _____ Email: _____

Proposal Title: _____

Prime Sponsor: _____

SECTION B- To Be Completed by Subrecipient

Subrecipient Legal Name: _____

Legal address: _____

Subrecipient Sponsored Programs Contact: _____

Phone: _____ Email: _____

Subrecipient Principal Investigator: _____

Phone: _____ Email: _____

Subrecipient Total Funds Requested: _____

Subrecipient Performance Period Begin Date: _____ End Date: _____

Subrecipient DUNS Number: _____ EIN: _____

Subrecipient Congressional District: _____

SECTION C – Proposal Documents Request

The following documents are included in our subaward proposal submission and covered by the certifications below:

- Statement of Work
- Budget and Budget justification
- Grant.gov R&R Subaward Budget forms
- Other (specify): _____

SECTION D - Certifications

Facilities and administrative rate and base applied in this proposal is _____% MTDC (F&A Rate Agreement) based on the following:

Federally negotiated F&A rates for this type of work

Other (specify):

Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stem Cells	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recombinant DNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Sharing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Cost sharing amounts and justification must be included in the Participating Campus budget. Please be advised that an annual verification of cost share commitment will be required.

SECTION E- Authorization

The information and certifications have been read, made, and signed by an authorized organization representative of the subrecipient named herein. The appropriate programmatic and administrative personnel of the subrecipient are aware of the funding agency's grant policy and are prepared to establish the necessary inter-institutional agreements consistent with that policy.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Signature of AOR

Date

Name and Title of AOR

Address

City, State, Zip

Phone

Email