



### 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 UEI 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

Yes  No

Animal Subjects

Yes  No

Stem Cells

Yes  No

Recombinant DNA

Yes  No

Cost Sharing

Yes  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.

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Signature of AOR

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Date

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Name and Title of AOR

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Address

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City, State, Zip

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Phone

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Email