

Subaward Commitment Form

v12.12.2024lh

All subrecipients must complete this form when submitting a proposal to the Marine Biological Laboratory. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized official to sign. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Project Summary Information

MBL PI Name:
Proposal #:
Proposal Title:

MBL PI Dept:
Prime Sponsor:

Subrecipient Information

Legal Name (as registered in DUNS):
Address:

City: State/Province:
Zip+4: Country:

Institution Type:
Registered in SAM? Yes No
DUNS Number: UEI Number:

Congressional District :
EIN Number:
Parent DUNS (if necessary):

Subrecipient Project Information

Subrecipient PI Name:
Title:
Phone:
Email:
Performance/Work Site Address include Zip+4:
Work Site Congressional District:

Year Established (Institution):
Cognizant Federal Agency, Name:
(ex. DHHS, John Doe)
Cognizant Contact Phone Number:
eRA Commons Username (if NIH Submission):
NSF ID# (if NSF submission):

Subrecipient's Proposal Title (if different than above):

Performance Period Start thru End Dates	Project Direct Costs Requested	Project Indirect Costs Requested	Cost Sharing (if applicable)	Project Total Costs Requested

Subrecipient Classification

Requirements and responsibilities for a subrecipient are different than those of a vendor

Subrecipient

- significant programmatic decision making
- adheres to applicable sponsor program compliance requirements
- uses sponsor funds to carry out a Scope of Work for MBL
- Statement of Work may result in intellectual property or publishable results

Vendor

- provides goods and services within normal business operations
- provides similar goods or services to other customers
- provides goods or services that are ancillary to MBL's sponsored project
- is not subject to compliance requirements of MBL's sponsor

Our organization is properly categorized as a subrecipient based on our scope of work

Compliance

Embryonic Stem Cells:	Yes	No
Work covered by ITAR/EAR?:	Yes	No
Research Exempt:	Yes	No
If Exempt, Exemption Number:		
Human Subjects Research:	Yes	No
Vertebrate Animals Research:	Yes	No
Animal Welfare Assurance # :		
Federalwide Assurance (FWA)#:		
Off-campus/Off-site Research:	Yes	No

Subrecipient Contact Information

Administrative/Contractual Contact

Name/Title:
Phone: Email:
Address:

Single Audit Contact

Name/Title:
Phone: Email:
Address:

Financial Contact

Name/Title:
Phone: Email:
Address:

Authorized Official

Name/Title:
Phone: Email:
Address:

Facilities and Administrative Rates

The rates included in the proposal are calculated based on:

- Our United States federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept (A copy of your U.S. F&A agreement or URL link to the agreement must be furnished with this form)
- No Negotiated Rate (requesting de minimis rate per sponsor's terms & conditions)
- Not Applicable (no indirect requested)

URL Link for F&A agreement or other rates (Please specify the basis on which the rate has been calculated in comments line below)

Fringe Benefit Rates

The rates included in the proposal are calculated based on:

Rates consistent with or lower than our federally-negotiated rates. A copy of your FB rate agreement or a URL link to the agreement must be furnished with this form

URL Link for Fringe Benefits or other rates (Please specify the basis on which the rate has been calculated in comments line below)

Single Audit Status

Does the subrecipient receive an annual single audit in accordance with OMB Uniform Guidance, 2 CFR 200?

Yes No

Were any audit findings reported in your most recent A-133 audit?

Yes No

Fiscal year of most recent single audit

If "YES," provide a description of the finding in the comments below

Subrecipients receiving an annual audit are required to provide a copy of the most recent single audit report or the URL link before a subaward will be issued

If subrecipient does not receive an annual audit in accordance with OMB Uniform Guidance, 2CFR 200, please select the appropriate box indicating why the subrecipient would not be subject to compliance with single audit certification: (check all that apply)

- | | |
|----------------------------------------------------------------------------|-------------------|
| Subrecipient receives overall federal funding less than \$750,000 per year | For-Profit Entity |
| Non-Profit Entity (under federal funding threshold) | Foreign Entity |
| Government Entity | Federal Agency |

FFATA (Federal Funding Accountability and Transparency Act) Information

Is subaward entity exempt from reporting executive compensation? Yes No Not Applicable

Responsible Conduct in Research Education (applies to NSF)

The Authorized Organizational Representative of the applicant institution is certifying that, in accordance with the NSF Proposal & Award Policies & Procedures Guide, Part II, Award & Administration Guides (AAG) Chapter IV.B., the institution has a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research

Subrecipient FCOI Policy Statement (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements)

Subrecipient Organization/Institution certifies that it has an 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 agrees to abide by MBL's policy, located at: <http://www.mbl.edu/policies/conflict-of-interest/>

The names of individuals working on this project who are responsible for design, conduct, or reporting of the research are included below:

(The information below is necessary to provide access to MBL's COI Disclosure system. Please attach additional pages if necessary)

Name	E-mail
Subrecipient PI	
Key Personnel	
Key Personnel	
Key Personnel	

Not applicable because this project is not being funded by PHS or sponsor that has adopted the federal financial disclosure standards

Debarment, Suspension, Proposed Debarment

Is the Principal Investigator or any other employee or student participating in this project debarred, suspended, or otherwise excluded from or ineligible for participation in Federal Assistance Programs or activities? (If "YES" please explain in comments section below)

Yes No

Subrecipient Organization/Institution hereby certifies that they:

Are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal Contracts

Are not presently indicted for, or otherwise criminally or civilly charged by a government agency

Have not within three (3) years 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

Subrecipient Proposal Documents

Statement of Work (required)

Budget and Budget Justification (required)

Small/Disadvantaged Business Subcontracting Plan – in agency required format (required for subcontracts over \$650,000)

Biosketch and Other Support for all Key Personnel – in agency required format

Safe and Inclusive (SAI) Plan (required for NSF Proposals with off-campus/off-site research)

Other:

Official Signing for Subrecipient

Name:

Title:

Email:

Signature of Signing Official

Date

The information contained on and attached to this Subaward Commitment Form has been read and certified before the authorized official of the subrecipient named above. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy and any pertinent regulations relevant to this proposal and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

For NIH Applications with outgoing Foreign Subrecipients: Since the Prime Awarding Agency is the National Institutes of Health, we, the subrecipient organization agrees to abide by the requirements of the NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreement (NOT-OD-23-182), and will provide access to copies of all lab notebooks, all data, and all documentation that support the research outcomes as described in the progress report, to the primary recipient with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report submission. Such access may be entirely electronic.