

Montana State University (MSU)- Office of Sponsored Programs
SUBRECIPIENT COMMITMENT FORM 2024.12

To be completed by Subrecipient. Questions: contact MSU Sponsored Programs, 406-994-2381
or subawards@montana.edu

Subrecipient Information

Project Information

Legal Name and Address (incl zip+4)

Address where research will take place Same as legal address OR:

Congressional District:
System for Award Management
(SAM) UEI:

Congressional District:
MSU PI: Sub PI:

Type of Organization:

Subaward Period of Performance Start: End:

Amount Requested: Cost Share Amount:

Prime Sponsor:

Project Title:

SECTION A- CERTIFICATIONS

1. Indirect Cost Rates- select one:

We have applied our federally negotiated Indirect Cost rates. Our federally negotiated rate agreement is:

Available at the URL link

Attached

We do not have a federally negotiated rate and have elected the applicable Federal de minimis rate.

We have applied other rates as required by the prime sponsor policies/guidelines OR we will not assess Indirect Costs on this subaward.

2. Compliance- Our Scope of Work includes:

Human Subjects No Yes Approval Date: OR Pending

Animal Subjects No Yes Approval Date: OR Pending

Subrecipient's IRB and/or IACUC approval must be provided to Montana State University before any subaward work involving Human and/or Animal Subjects may begin. Please forward this document to MSU PI as soon as it is available.

If Human Subjects are involved, have all key personnel completed Human Subjects Training? Yes No N/A

3. Conflict of Interest (Col)- select one:

Not applicable because this project is not being funded by PHS (NIH, HRSA, etc.), or any other sponsor that has adopted the federal financial disclosure requirements (NSF, etc.)

Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy that is in compliance 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 the Institution's knowledge, copies of all disclosures made by Investigators performing research hereunder, which Subrecipient has determined are Financial Conflicts of Interest, are hereby provided to MSU, including disclosure of the management, reduction or elimination of such disclosures, sufficient for MSU to make the required disclosure to the Prime Public Health Service funding agency.

Subrecipient Organization/Institution certifies that it will comply with MSU's Conflict of Interest Policy located online at: http://www2.montana.edu/policy/conflict\_of\_interest/ Subrecipient hereby provides to MSU copies of all Investigator disclosures of Significant Financial Interests (as defined in the policy) that are directly related to Subrecipient's work for MSU, including all information necessary for MSU to determine whether such interests are Financial Conflicts of Interest. MSU, in consultation with Subrecipient, shall determine whether the disclosed interest are Financial Conflicts of Interest and, if so, determine how such conflicts shall be managed, reduced, or eliminated and shall report such interests to the funding agency in accordance with the requirements of the Public Health Service regulations, 42 CRF Part 50, Subpart F.

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**4. Ethics in Research Training (applicable to projects funded by NSF, NIFA or an NIH Training Grant)- select one:**

**Not applicable because this project is not being funded by NSF, NIFA or an NIH Training Grant.**

**Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this proposal will be trained on the oversight in the responsible and ethical conduct of research.**

**5. Debarment and Suspension \* If checked, attach explanation.**

Subrecipient, the PI or any other employee or student participating in this project **are\*** **are not** debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contracts or activities.

Subrecipient, the PI or any other employee or student participating in this project **are\*** **are not** presently indicted for, or otherwise criminally or civilly charged by a government entity.

Subrecipient **has\*** **has not** within three (3) years preceding this offer, been convicted of or had a civil judgement 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 **has\*** **has not** within three (3) years preceding this offer, had any contract terminated for default by any Federal Agency.

**MY INSTITUTION IS A MEMBER OF THE FEDERAL DEMONSTRATION PROJECT (FDP) AND OUR INFORMATION IS AVAILABLE ON THE FDP EXPANDED CLEARINGHOUSE. (MAY PROCEED TO PAGE 3 TO CONTINUE.)**

**SECTION B FFATA Information**-complete all fields

**1. Is Subrecipient owned or controlled by a parent entity?** Yes No

Note: If yes, please provide SAM UEI and location (City, State, Congressional District, and Country) of parent entity:

**2. Is Subrecipient currently in the System for Award Management, SAM.gov** (<https://www.sam.gov/portal/public/SAM/>)

Yes No **Note:** A SAM UEI is **required** for recipients receiving \$25,000 or more from any federally funded project.

**3. Executive Compensation-** During the previous fiscal year my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues in federal awards. Yes No

My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78 (d) or section 6104 of the Internal Revenue Code of 1986 [26 USC 6104]. Yes No

**SECTION C Audit Status-** complete all fields

**1. Audit Status/ Fiscal Responsibility**

**Subrecipient organization receives an annual audit in accordance with Federal Single Audit Act requirements.**

**Were there any findings or exceptions noted?**

No Yes If "Yes" attach an explanation.

If your most recent audit is not available on the **Federal Audit Clearinghouse**, you must provide a copy to MSU.

**Subrecipient organization is NOT subject to the Federals Single Audit Act requirements and will complete a mini-audit questionnaire prior to the establishment of a subaward agreement.**

**Subrecipient is not subject to the Single Audit Act requirements because the organization:**

Is For-Profit Is a Foreign Entity Is a US Government Entity Expended less than \$1,000,000 in US Federal funds during previous fiscal year

**Please note:** When applying for funds from agencies under the U.S. Department of Health and Human Services, foreign organizations and for-profit organizations that have expended a total of \$750,000 or more under one or more awards from the U.S. Department of Health and Human Services (as a direct grantee and/or under a consortium participant) will be required to have a financial related audit (as defined in the Government Auditing Standards) in accordance with Government Auditing Standards.

**Montana State University (MSU)- Office of Sponsored Programs**

**SUBRECIPIENT COMMITMENT FORM**

Provide the budget for the Performance Period indicated on p.1. of this form. If funding is incremental, subsequent increments will be funded through amendments once requested by MSU PI.

**DO NOT ADD BUDGET CATEGORIES TO THIS FORM. CONTACT SUBAWARDS@MONTANA.EDU FOR BUDGET GUIDANCE.**

<b>Proposed Subaward Budget</b>	
Salaries	
Benefits	
Sub Awards (lower tier subawards)	
Contracted Services	
Supplies (incl. minor rent subject to IDCs)	
Communication	
Foreign Travel	
Domestic Travel	
Rent (only for rent that is excluded from IDCs)	
Repair and Maint	
Awards (tuition remission)	
Participant Support	
Capital Equipment	
Major Renovations	
Do not add additional budget categories; contact subawards@montana.edu for clarification if needed.	
<b>Total Direct Costs</b>	
<b>Total Indirect Costs</b>	
Rate =	enter as decimal ( . #####) Base=
	enter \$ amount
<b>Total Costs</b>	

<b>Proposed Cost Share Budget (if applicable)</b>	
Salaries	
Benefits	
Sub Awards (lower tier subawards)	
Contracted Services	
Supplies (incl. minor rent subject to IDCs)	
Communication	
Foreign Travel	
Domestic Travel	
Rent (only for rent that is excluded from IDCs)	
Repair and Maint	
Awards (tuition remission)	
Participant Support	
Capital Equipment	
Major Renovations	
Do not add additional budget categories; contact subawards@montana.edu for clarification if needed.	
<b>Total Direct Costs</b>	
<b>Total Indirect Costs</b>	
Rate =	enter as decimal ( . #####) Base=
	enter \$ amount
<b>Total Cost Share</b>	

Additional Information:

**Montana State University (MSU) - Office of Sponsored Programs  
SUBRECIPIENT COMMITMENT FORM**

**Subrecipient Contacts**

Please complete **all** fields on this form in order to provide the necessary information for us to proceed. Award documents and related correspondence will be delivered by email to individuals listed below. For multiple email addresses please separate with a semi-colon.

<b>Institution/Organization (Subrecipient):</b>						
Name:				Email:		
Address:						
City:		State:		Zip Code (9 digits):		

<b>Administrative Contact (Subrecipient):</b>					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

<b>Principal Investigator (Subrecipient):</b>					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

<b>Financial Contact (Subrecipient):</b>					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

<b>Authorized Official:</b> Individual authorized to sign for the subrecipient institution					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

**APPROVED FOR SUBRECIPIENT:**

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 in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

\_\_\_\_\_  
 Signature of Subrecipient's Authorized Official Date

Name and Title of Authorized Official			
Email		Phone	

***MSU USE ONLY***

**REVIEWED AND APPROVED BY MSU PI:**

MSU PI has reviewed this Subrecipient Commitment form and certifies that (1) the information submitted with this Subrecipient Commitment Form is true, complete, and accurate to the best of their knowledge; (2) agrees to accept responsibility for monitoring the programmatic and financial performance and progress of subrecipient, including tracking Subrecipient Cost Sharing and ensuring that Subrecipient IRB/IACUC approvals are kept current during the performance of this Subaward..

\_\_\_\_\_  
 Signature of MSU PI Date

MSU PI Department		Email	
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Additional comments or information: