

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

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.

SECTION B FFATA Information- complete all fields

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

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

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

Yes No **Note:** SAM.gov Registration 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 OMB Uniform Guidance (previously Circular A-133). 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 OMB Uniform Guidance (previously A-133) audit requirements and will complete a mini-audit questionnaire prior to the establishment of a subaward agreement. Subrecipient is not subject to the UG audit requirements because organization:

Is For-Profit Is a Foreign Entity Is a US Government Entity Expended less than \$750,000 (or \$500,000 per OMB A-133) 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-profits that have expended a total of \$500,000 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 of all HHS awards as defined in, and in accordance with, the Government Auditing Standards or an audit that meets the requirements of OMB Uniform Guidance or Circular A-133 as applicable.

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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.

Proposed Subaward Budget	
Salaries	
Benefits	
Sub Awards	
Contracted Services	
Supplies	
Communication	
Foreign Travel	
Domestic Travel	
Rent	
Repair and Maint	
Awards	
Participant Support	
Capital Equipment	
Major Renovations	
	Total Direct Costs
	Total Indirect Costs
Rate =	enter as decimal (. #####) Base= enter \$ amount
	Total Costs

Proposed Cost Share Budget (if applicable)	
Salaries	
Benefits	
Sub Awards	
Contracted Services	
Supplies	
Communication	
Foreign Travel	
Domestic Travel	
Rent	
Repair and Maint	
Awards	
Participant Support	
Capital Equipment	
Major Renovations	
	Total Direct Costs
	Total Indirect Costs
Rate =	enter as decimal (. #####) Base= enter \$ amount
	Total Cost Share

Additional Information:

Montana State University (MSU) - Office of Sponsored Programs (OSP)
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.

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

Administrative Contact						
Name:						
Address:						
City:		State:		ZipCode:		
Telephone:				Email:		

Principal Investigator (Subrecipient)						
Name:						
Address:						
City:		State:		ZipCode:		
Telephone:				Email:		

Financial Contact:						
Name:						
Address:						
City:		State:		ZipCode:		
Telephone:				Email:		

Authorized Official: authorized to sign for the recipient 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: