



**Subrecipient Commitment Form  
(Prime is NOT a Federal Contract)**

For Mason Use Only GMU Proposal #: _____  # _____
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Office of Sponsored Programs

Subrecipient Organization:		Parent Organization:		Year Established:	
Type of Entity:		UEI Number:		Congressional District:	
Subrecipient PI Name:		Address:			
City:	State:	Country:	Zip Code + 4:		
Phone Number:		Email:		Prime Sponsor Name:	
Subrecipient Administrative Contact:		Address:			
City:	State:	Country:	Zip Code + 4:		
Subrecipient Administrative Contact Phone:		Subrecipient Administrative Contact Email:			
Proposal Title:					
Performance Period Start Date:			Performance Period End Date:		
Mason PI Name:			Location of Work to be Performed:		
<b>Section A: Proposal Documents</b>					
The Following documents are included in our proposal submission and covered by the certifications/assurances below (check as applicable):					
<input type="checkbox"/>	STATEMENT OF WORK (required)				
<input type="checkbox"/>	BUDGET AND BUDGET JUSTIFICATION including any cost-sharing (required)				
<input type="checkbox"/>	Small/Small Disadvantaged Business Subcontracting Plan, in agency required format				
<input type="checkbox"/>	Biosketches and/or Current and Pending reports of all Key Personnel, in agency required format				
<input type="checkbox"/>	Completed W-9 or W-8-BEN-E if foreign entity				
<input type="checkbox"/>	Other:				
<b>SECTION B: Institutional Indirect Costs (F&amp;A) Rate.</b>					
<input type="checkbox"/>	Federal Negotiated Indirect Rate	% Please attach copy of your NICRA			
<input type="checkbox"/>	De minimis Rate up to maximum 10%	%			
<input type="checkbox"/>	Reduced Rate by Sponsor	%			
<input type="checkbox"/>	Subrecipient does not propose Indirect costs (F&A)				

Section C: Certifications and Assurances		
Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Human Subjects	IRB Approval data will be required at just-in-time
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Animal Subjects	IACUC Approval data will be required at just-in-time
Section D –Certifications and Assurances Continued		
1. Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted federal financial disclosure requirements.)		
<input type="checkbox"/>		Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy consistent with 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research.”
<input type="checkbox"/>		Subrecipient also certifies, to the best of Institution's knowledge, that (1) all financial disclosures have been made relating to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; (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 expending any funds under any resulting agreement; and (3) all identified conflicts and required management plans will be reported to Mason's Office of Sponsored Programs to enable compliance with federal reporting requirements.
<input type="checkbox"/>		Subrecipient does not have an active and/or enforced conflict of interest policy and is opting to create and implement its own policy prior to the execution of a Subagreement hereunder. A sample model policy and report form is located online at <a href="http://sites.nationalacademies.org/PGA/fdp/PGA_061001">http://sites.nationalacademies.org/PGA/fdp/PGA_061001</a> . Signature by the Authorized Official below indicates policy will be in place and reporting will occur as required under federal law.
<input type="checkbox"/>		Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by George Mason University's policy, <a href="#">Conflict of Interests in Federally-Funded Research</a>
<input type="checkbox"/>		Complete Attachment 1 if following Mason's policy.
2. Financial Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted federal financial disclosure requirements.)		
<input type="checkbox"/>		Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements.
<input type="checkbox"/>		Subrecipient certifies that is has a compliant financial conflict of interest policy pursuant to the sponsoring Agency's regulations.
3. Is your organization subject to the OMB Uniform Guidance, 2 CFR Part 200? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>		If yes, please provide a website link or copy of your most recent single audit.
<input type="checkbox"/>		If no, please provide written certification from a corporate officer or owner stating your most recent audit by an independent auditor identified no financial irregularities.
<input type="checkbox"/>		Do you have a federally approved procurement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list approval date:
4. Do you adhere to the Federal Cost Accounting Standards of FAR Part 30? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>5. Type of Organization:</b> Choose an item If required, please specify:	
<b>6. Does your organization have a financial management system that provides for the control and accountability of project funds, property, and other assets?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>7. Does your organization receive awards directly from a Federal Agency?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>8. Check if you have formal, written policies that address the following:</b>	
Pay Rates and Benefits <input type="checkbox"/>	Time and Attendance <input type="checkbox"/>
Travel <input type="checkbox"/>	Leave <input type="checkbox"/>
Purchasing Procedures <input type="checkbox"/>	Discrimination <input type="checkbox"/>
Purchase, inventory, cost, vendor, description, serial number, location and disposition of Government property <input type="checkbox"/>	
<b>9. Is your entity or any of its officers or owners, currently or previously ever been, suspended or debarred by a federal or state agency?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide details in a separate attachment.	
<b>10. Does your entity have a Federal debt?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide details in a separate attachment.	
<b>11. Are you registered in SAM?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, expiration date?	
<b>12. Do you currently maintain commercial general liability insurance, professional liability insurance and worker's compensation insurance or are you covered under a self-insurance plan which adequately covers the work to be performed in any resulting subaward?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>13. In the preceding fiscal year, did you or your parent entity receive more than 80% of its annual gross revenue from federal funds?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>14. In the preceding fiscal year, did you or your parent entity receive more than \$25 million in federal funding?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>15. The names and salary of the 5 highest paid employees of my company are <u>NOT</u> publicly available.</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>16. If the answers to Questions 11, 12 and 13 above are yes, please provide the names and the total compensation for your entity's five highest paid Senior Executives as required under FFATA (Public Law 110-252) unless the public has access to information about the compensation of your Senior Executives through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S. Code §§78m (a) and 78o(d)] or §1601 of the Internal Revenue Code (26 U.S. Code).</b>	
Name:	Total Compensation:

**SUBRECIPIENT APPROVAL**

The information, certifications and assurances above have been read, made and signed by an authorized official of the Subrecipient named here. 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.**

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Signature of Subrecipient's Authorized Official	Date	Federal Employer Identification Number
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Name and Title of Authorized Official	Email Address	

**Please submit via email with attachments to your Mason Grants or Research Administrator (OSP or Department). If you have general questions, email [proposal@gmu.edu](mailto:proposal@gmu.edu)**

## Certification Adopting Mason's Conflict of Interest Policy

Mason's policy titled "Conflicts of Interest in Federally-Funded Research" will be incorporated into the subagreement at the time of award. Please review the policy at <http://universitypolicy.gmu.edu/policies/financial-conflicts-of-interest-in-federally-funded-research/>

**Following review, the subrecipient PI must complete the following:**

Subrecipient Legal Name: \_\_\_\_\_

Subrecipient PI Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Mason PI Name: \_\_\_\_\_

**Subrecipient PI Designation of "COI Investigators" for this project: \***

COI Investigator Full Name \_\_\_\_\_

I certify that I, and all COI Investigators identified above, have read and understand Mason's Conflict of Interests in Federally-Funded Research Policy, will make all required reports, and prior to expenditure of any awarded funds, if applicable, shall have reached an agreement with Mason for conditions or restrictions to reduce, manage, or eliminate any conflicts of interest under the policy.

\_\_\_\_\_  
Subrecipient PI Signature

Date \_\_\_\_\_

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\* COI Investigator describes any individual, regardless of title, role or position, who is responsible for the design, conduct, or reporting of research. Individuals with such research responsibilities may be, but are not limited to, senior/key personnel, sub/co-investigator or subrecipient investigator, medical investigator, collaborator, consultant, student, trainee, or research coordinator. By considering an individual's degree of independence relative to the research, the Principal Investigator on the proposal or protocol designates those who meet the definition of "Investigator".