

RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

SUBRECIPIENT COMMITMENT FORM

For CUNY Use PRSY Number					
Sections "B" through "I" should be completed at the proposa organization's business processes and can obtain input on the organization.					
This form must be completed in order to determine whethe contractor. Thisform must be received before a subagreem		ct is as a subrecipientor as a			
Section A. Proposal Information (to be completed by CUN	NY Sponsored Research Office)				
CUNY PI	Y PICollege				
Prime Sponsor					
Title of Proposal					
CFDA #		d? □ Yes □No			
	End				
Section B. Proposal Information (to becompleted by Subrecipient Legal Name Address					
City	State	Zip			
Web Address (URL)					
Subrecipient DUNS#EIN#	Unique Entity Identifier	Unique Entity Identifier			
InstitutionalType	Congressional District	Congressional District			
Subrecipient Proposed Period of Performance Start	End	·			
Anticipated Amount of Federal Funds Obligated to the Subrec	cipient				
Section C. Subrecipient Eligibility The CUNY Research Foundation (RF) requires a Subrecipier executed. This form will be considered valid for 1 year from of changes to the information provided, the RF should be not please answer the following questions before completing the layour PI or other persons known at time of application to be debarment, declared ineligible or voluntarily excluded from the layour organization delinquent on repayment of any Federal	the date of signature by your organization's officed within 30 days by sending an email to the rest of the form. Departicipating in this project presently debate participation in any Federal department or an email of the project presently debate participation in any Federal department.	Authorized Official. In the event legalaffairs@rfcuny.org. arred, suspended, proposed for gency?			
OMB Circular A-129, "Managing Federal Credit Programs"?	are the cludding direct and guaranteed loans □Yes □No	מוום טנוופו טפטנ מא טפוווופט ווו			

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Section D. Subrecipient Requirements and Responsibilities

The Research Foundation of CUNY (RF) views the subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of a subrecipient are different from that of a contractor. The following chart outlines the differences.

Subrecipients

- The subrecipient must comply with the sponsor requirements of the prime award (e.g., effort reporting on federal awards).
- The subrecipient exercises programmatic control over how the sponsored work is performed. It makes independent decisions
 regarding how to implement the proposed activities, as opposed to providing goods or services to the prime award PI.
- The subrecipient is responsible for substantive programmatic work or for conducting a significant portion of the project.
- A principal investigator has been identified at the subrecipient who functions as a Co-PI. Publications may be created or co-authored.

Contractors

- A contractor is not subject to compliance requirements of the Federal program (e.g. effort reporting on Federal awards).
- A contractor provides goods or services developed according to the specifications of the CUNY Principal Investigator.
- A contractor provides similar goods or services within its normal business operations and normally operates in a competitive
 environment.
- A contractor provides goods or services that are ancillary to the operation of the Federal program.

Is my organization properly categorized as a	a subrecipient as d	escribed above?	☐ Yes ☐ No		
If "No", please contact the CUNY PI about pr	ocuring your organ	nization's products	and/or services a	is a contractor.	
Section E . Additional Subrecipient Propo	sal Information				
Subrecipient Performance Site Address (if d	lifferent from page	one)			
Subrecipient PI					
Department Affiliation					
Phone	Fax		Email		
Address					
City		State		Zip	
Administrative/Contractual Contact					
Phone	Fax		Email		
Address					
City		State		Zip	
Financial Contact					
Phone	Fax		Email		
Address					
City		State		Zip	
Authorized Signatory					
Department Affiliation					
Phone					
Address					
City		State		7in	

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Section F. Facilities & Administrative Rate

_ ,	he Facilities & Administrative Rate included in this proposal has been calculated based on Subrecipient's federally negotiated F&A ate for this type of work. (If this box is checked please attach a copy of your current F&A rate agreement or furnish the URL to the agreement					
☐ 1 r	10% de minimis (minimum) rate (If the subrecipient does not have a negotiated F&A rate a 10% de minimis rate must be used. The rate is available to both domestic and foreign subrecipients. Pls may not negotiate or agree to lower rates with their subrecipients.					
	other (please explain, e.g., NIH caps foreign subrecipients at 8%)					
Section	on G. Fringe BenefitRates					
	ates are consistent with, or lower than, our federally negotiated rates. (If this box is checked please attach a copy of your rganization's fringe benefit rate agreement or furnish the URL to the agreement.					
	ased on actual cost.					
	other (explain)					
Section	on H. ResearchCompliance					
Check	as applicable					
Does	he project involve human subjects?					
	he project involve animal subjects? Yes No Pending ", please provide Animal Welfare Assurance numberand copies of the IACUC approval.					
Section	on I. Proposal Documents					
The fo	ollowing documents are required with this subaward proposal.					
_	tatement of Work					
	udget and Budget Justification in awarding agency format ubrecipient Commitment Form					
	etter of Commitment					
	BUNY Conflict of Interest Form & A Agreement					
□ v	V-9 Form Other					
Subre	cipient Authorized Representative Approval					
I here work l	by certify that the information I provided accurately represents the organization of which I am an Authorized Representative. Any begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.					
Signa	ture of Subrecipient's Authorized Official					
Name	and Title of Authorized OfficialDate					
Pleas	e return this form to					

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