



### SUBRECIPIENT COMMITMENT FORM

All subrecipients are required to complete the Subrecipient Commitment Form and provide the signature of the authorized organizational representative.

Please submit a Scope of Work, Budget and Budget Justification along with this form

SECTION A - SUBRECIPIENT GENERAL INFORMATION	
<b>1. SUBRECIPIENT'S ORGANIZATION NAME</b>	
<b>2. ADDRESS</b>	
Street Address (1)	
Street Address (2)	
City	
State	
Country	
Zip+4 (n/a for non-U.S. locations)	
<b>3. DUNS NUMBER</b>	
<b>4. EIN NUMBER</b>	
<b>5. CONGRESSIONAL DISTRICT</b>	
<b>6. SUBRECIPIENT OWNED BY PARENT ENTITY?</b>	YES      NO
Parent Name	
Address	
City	
State	
Country	
Zip+4	
DUNS Number	
<b>7. IS SUBRECIPIENT CURRENTLY REGISTERED IN THE SYSTEM FOR AWARD MANAGEMENT (SAM)- FORMALLY CCR?</b>	YES NO

SECTION B – SUBAWARD INFORMATION	
<b>1. SUBRECIPIENT'S PRINCIPAL INVESTIGATOR (Name)</b>	
Street Address (1)	
Street Address (2)	
City	
State	
Zip	
Telephone	
Email	
<b>2. AMOUNT OF FUNDS REQUESTED</b>	
<b>3. PERFORMANCE PERIOD</b>	

<b>4. PRIME SPONSOR</b>	
<b>5. PROPOSAL TITLE</b>	
<b>6. WESTERN WASHINGTON UNIVERSITY PI</b>	
<b>7. SUBAWARD PRINCIPAL PLACE OF PERFORMANCE (If different than B #1)</b>	
<b>City (or County)</b>	
<b>State</b>	
<b>Country</b>	
<b>Zip+4 (n/a for non-U.S. locations)</b>	

<b>SECTION C – SUBAWARD CONTACT INFORMATION</b>	
<b>1. ADMINISTRATIVE CONTACT (Name)</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	
<b>Email</b>	
<b>2. FINANCIAL CONTACT (Name)</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	
<b>Email</b>	
<b>3. AUTHORIZED OFFICIAL (Name)</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	
<b>Email</b>	

<b>SECTION D – CERTIFICATIONS</b>		<b>Yes</b>	<b>No</b>
<b>1. Audit Status</b>			
<p>We have not yet completed our OMB CFR 200 single audit for FY 2020. We will advise you of the results and provide a complete copy or URL link when completed. Estimated date of completion _____.</p> <p>We have completed our OMB CFR 200 single audit for FY 2020. There were no material weaknesses, material instances of noncompliance, reportable conditions; or findings related to any subaward(s). A complete copy of the audit report is enclosed or link is provided below:</p> <p>_____</p> <p>We have completed our single audit for FY2020. There were material weaknesses, material instances of noncompliance, reportable conditions, or finding related to subaward(s). A complete copy of the audit report is enclosed (or URL link) including our corrective action plan.</p> <p>We are not subject to OMB OMB CFR 200 . If so, additional information will be requested.</p>			
<b>2. Human Subjects</b>			
<p><b>If yes,</b> copies of the IRB approval and approved “Informed Consent” form must be provided before any subaward can be issued.</p>			

SECTION D – CERTIFICATIONS (CONT)	YES	NO
<b>3. Animal Subjects</b> <p>If <b>yes</b>, a copy of the IACUC approval must be provided before any subaward will be issued.</p>		
<b>4. Conflict of Interest</b> <p>Is project funded by NIH, NSF, or any other program requiring federal financial disclosure?  <b>If yes</b>, subrecipient 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”.</p>		
<b>5. Ethics in Research Training</b> <p>Is project funded by NIH, NSF, or any other program requiring federal financial disclosure?  <b>If yes</b>, subrecipient 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.</p>		
<b>6. Cost-sharing</b> <p><b>If yes</b>, cost-sharing amounts and explanation of sources should be included in the subrecipient’s budget. Please note that an annual verification of cost-share commitment will be required.</p>		
<b>7. Debarment and Suspension</b> <p>Is the organization or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency?</p>		
<b>COMMENT SECTION</b>		

The information, certifications, and representations above have been read, signed, and made by an authorized organization representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies regarding 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 AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (NAMED IN SECTION C):**

Signature: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_