# UNIVERSITY OF SOUTH CAROLINA SUBRECIPIENT COMMITMENT FORM

All subrecipients are required to submit this form prior to receiving a subaward from the University of South Carolina USC). It provides information needed to conduct a risk assessment and issue the subaward.

SUI	BRECIPIENT'S LEGAI	L NAME:							
SUI	BRECIPIENT'S PI:								
US	C'S PI:					PRIME	SPONSOR:		
PR	OPOSAL TITLE:								
PEF	RFORMANCE PERIO	D BEGIN DATE:				END DA	ATE:		
SEC	CTION A - SUBRECIF	PIENT BUSINESS	INFORM	ATION					
	TITUTIONAL STREET								
CIT	Y:		STATE:		ZIP COE	E:	COUNT	RY:	
WE	BSITE:								
SU	BRECIPIENTS CONG	RESSIONAL DIST	RICT:			SUBRE	CIPIENTS DUNS	NUMBER + 4:	
SUI	BRECIPIENT EIN NUM	MBER:							
STF	MARY LOCATION OF REET ADDRESS:	PERFORMANCE		s addres			·		
CIT			STATE:		ZIP COD		COUNT		
If m	ore than one place of per	formance, please pro	vide the U	SC Admir	nistrative C	ontact with	h a list of the additio	nal performance s	sites.
SEC	CTION B - SPECIAL I	REVIEW							
1.	Facilities and Admir	<b>nistrative Rates</b> in	cluded in	this prop	osal have	e been ca	alculated based or	n:	
		gotiated F&A rates							ccept.
	(If this box is che		r F&A rate	e agreem	ent or a Ul	RL link to	the agreement mu		before a subaward will
	Other rates (Plea	se specify the basis o	on which th	ne rate ha	s been cald	culated:			
	Not applicable (n	o indirect cost reques	st for subre	ecipient)					
2.	Cost Sharing (if app	licable) Cost sharing	amounts	and justifi	cation mus	t be includ	ded in the subrecipie	nt's budget.	
	Yes	No	Amount:						
3.	Human Subjects If "yes" indicate the state If "exempt" or "approved		No Pending ination:		Exempt		Approved Federal wide Ass	surance (FWA) i	Number:
4.	Animal Subjects If "yes" indicate the state PHS Animal Welfare			Pending Yes	I	Approve No	ed If "approved" d If "yes" provide AA.	ate of IACUC app ALAC number:	oroval:
5.	The Subrecipient is	a current membe	r of the F	DP Expa	anded Cl	earing H	ouse	Yes	No
	If marked yes, please	skip sections C ar	nd D, and	then cor	nplete se	ctions E	and F.		

#### **SECTION C - Certifications**

#### 1. Conflict of Interest

Select one of the two following statements if National Science Foundation (NSF) is the prime sponsor.

Subrecipient organization/institution hereby 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."

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by USC's policy, available at http://orc.research.sc.edu/coi policy.shtml.

Select one of the two following statements if a Public Health Service Agency (PHS) is the prime sponsor. PHS agencies include the NIH, CDC, SAMHSA, AHRQ, and ATSDR.

Subrecipient organization does have a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

My organization is registered as an organization with a PHS-compliant PCOI policy with the FDP Clearinghouse (http://sites.nationalacademies.org/PGA/fdp/PGA 070596).

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by USC's policy, available at http://orc.research.sc.edu/coi policy.shtml.

### 2. Responsible Conduct of Reseach (RCR) Only complete if National Science Foundation is the prime sponsor

Yes	No	My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.
Yes	No	My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

#### 3. Debarment and Suspension

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? Yes

## The Organization Certifies they: (answer all questions below)

Are	Are not	presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
Are	Are not	presently indicted for, or otherwise criminally or civilly charged by a governmental entity
Have	Have not	within three (3) years preceding this offer, been convicted of or had a civil judgment 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
Have	Have not	within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

SECTION D - AUDIT STATUS							
1.	Does t Yes	he subrecipient No	organization have a current registration in System for Awards Management (SA Expiration Date of Registration:	M)?			
2.	ls subr	ecipient exemp	ot from reporting compensation according to 17 CFR 229.402(c)(2)?	Yes	No		
3.	lf a	a subrecipient doe	t receive an annual audit in accordance with Uniform Guidance: es not receive an A-133 audit, USC will require the entity to complete the Mini-Audit Quest ed scope audit, before a subaward will be issued.	Yes ionnaire o	No n page 4, and		
	a. If	answer to quest Yes	tion 3 is "no", does the subrecipient receive overall federal funding of at least \$7 No	'50,000 բ	er year?		
	b. If	answer to quest	tion 3 is "yes": Has the audit been completed for the most recent fiscal year?	Yes	No		
	i.	If answer to s	section 3b is "no" when is it expected to be completed				
	ii.	If answer to s	section 3 or 3b is "yes" were any audit material weaknesses reported?	Yes	No		
			,				

A complete copy of the subrecipient's most recent audit report or the URL link to a complete copy must be furnished to USC before a subaward will be issued.

SECTION E - POINTS OF CONTA						
Subrecipient Administrative Cor	itact					
Name:						
Address:						
City:	State:	Zip Code:				
Phone:	Fax:	E-Mail:				
Subrecipient Principal Investiga Name:	tor (PI)					
Address:						
City:	State:	Zip Code:				
Phone:	Fax:	E-Mail:				
Subrecipient Financial Contact Name:						
Address:						
City:	State:	Zip Code:				
Phone:	Fax:	E-Mail:				
Subrecipient Authorized Official						
Name:						
Address:						
City:	State:	Zip Code:				
Phone:	Fax:	E-Mail:				
SECTION F - SUPPORT DOCUM	ENTS					
The following documents are required to issue a subaward:						
Statement of Work	Budget and B	udget Justification	Letter of Support			
USC Subrecipient Commitment Form (completed and signed by authorized official)						
Other Sponsor Required Fo	ms- As specified by the fun	ding announcement or sponsor	guidelines			
e information, certifications, and repr						
precipient named herein. The appropency policy in regard to subawards a						
ency policy in regard to subawards a icies. <b>Any work begun and/or expe</b>						
ζ.	<b>,</b>					
		-				
ignature of Subrecipient's Authorize	и Опісіаі	l	Date			
Name and Title of Authorized Official						

# Mini Audit Questionnaire: (Complete only if you answered 'No' to question 3, in section C)

# **Fiscal Responsibility**

The subrecipient certifies that its financial system is in compliance with generally accepted accounting principles and:

has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;

maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;

complies with applicable laws and regulations;

can prepare appropriate financial statements, including the schedule of expenditures of federal awards;

there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

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	