

**OFFICE OF GRANTS & CONTRACTS
SUBRECIPIENT COMMITMENT FORM**



Non-FDP participants must complete and return this form to resadmin@villanova.edu when submitting as a subrecipient on a proposal through Villanova University.

Villanova Use Only - Project Specific Data		
Villanova PI	Cayuse SP #	
Proposal Title		
Announcement or RFP URL		
Proposed subrecipient period of performance	From	To

PART I – SUBRECIPIENT COMMITMENT DATA

A - INSTITUTIONAL DATA

Legal Name	TAX ID	
Unique Entity Identifier (UEI)		
Address		
Principal Place of Performance		
Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	SAM Expiration Date	
State of Incorporation	Congressional District	
Subrecipient PI		
Proposed Project Start Date	Proposed Project End Date	
Total Costs	Direct Costs	Indirect Costs
Cost Share <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	

Cost Share occurs when a portion of the costs of an award are not paid by the sponsor but paid instead using resources from the sub awardee organization.

*If cost share is included, please confirm the following:

I understand that cost share is a commitment. I understand that this cost share support is reportable and auditable. I agree to provide written certification itemizing the support expended towards this project.

B – CERTIFICATIONS

INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY):

Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, FWA #
Vertebrate Animal Research	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, AWA#
Recombinant DNA Research	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazardous Materials		
Work covered by EAR or ITAR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RESPONSIBILITY OF APPLICANTS FOR PROMOTING OBJECTIVITY IN RESEARCH (FCOI)

- Not applicable because the project sponsor is not subject to the federal financial disclosure requirements
- 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,”

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Subrecipient also certifies that, to the best of the Institution's knowledge, 1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy, and 2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with the subrecipient's conflict of interest policy prior to the expenditure of any funds under any resulting agreement.

- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by Villanova University's policy, available through the Office of Research Protections (ORP) website: <https://www1.villanova.edu/villanova/provost/research-administration/research-protections.html>

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY CERTIFICATION

- Subrecipient certifies that neither it nor its principals (including PIs and key personnel) are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving funds from any Federal department or agency;

It is not delinquent on any federal debt; it is in compliance with the Drug Free Workplace Act of 1988;

No Lobbying was performed with regard to the proposal; and

Assurances are on file of Misconduct in Science, Civil Rights, Handicapped Individuals, Sex Discrimination and Age Discrimination.

PART 2 – AUDIT CERTIFICATION

A - REQUIREMENT AND CERTIFICATIONS

Villanova University is required to ensure that your Institution complies with the requirements of the Code of Federal Regulations, Title 2 CFR Part 100 Subpart F "Audit Requirements."

This certification is required because audit information for your Institution is not available in the Federal Audit Clearinghouse. Please check the appropriate response and return this certification and applicable reports to resadmin@villanova.edu.

1. Subrecipient certifies by signing this commitment form that it complies with the Uniform Guidance and will provide notice of the completion of required audits and any adverse findings that impact this subaward application as required by parts 200.501 – 200.521 and will provide access to records as required by parts 200.336, 200.337 and 200.201 as applicable. Yes No

2. Our Institution's fiscal year runs from _____ to _____

3. We are subject to single audit: Yes No

If you answered "Yes" to question 3 above, complete a – d below. Skip B – Institutional and Internal Control Data. Proceed to Part 3 – FFATA Reporting Data.

If you answered "No" to question 3 above, skip questions a – d below. Proceed to B – Institutional and Internal Control Data.

- a. We have completed our single audit in accordance with 2 CFR Subpart F 200.501. The audit presented no material weaknesses, no material instances of noncompliance and not findings. Yes No

- b. We have completed our single audit in accordance with 2 CFR Subpart F 200.501. Material weaknesses, material instances of Noncompliance or findings were noted. Yes No

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Attached is a copy of the audit report, management letter and our response.
(Documents are required even if finding is not related to a Villanova University subaward)

- c. We have not completed our single audit in accordance with 2 CFR Subpart F 200.501. The expected date of completion is: Yes No
- d. Your Audit is available on the web: Yes No
- i) If d is **Yes** - URL: Yes No
- ii) If d is **No** - is a copy of the most recent audit attached to this form? Yes No

B – INSTITUTIONAL AND INTERNAL CONTROLS

Complete Part 3 if you answered “no” to question 3 in part 2 above.

- 1) Organizational Type
 Non-Profit For-Profit Educational State/Local Government
- 2) Number of Employees
Total Full Time Part Time

Please answer the following questions to document your awareness and understanding of the accounting and federal regulations required under the subaward that will be issued to your Institution.

Accepting a subaward from Villanova University creates a legal duty for the subrecipient to use the funds in accordance with the terms of the agreement and US federal regulations, including but not limited to Uniform Guidance.

- 3) Please select: we are not subject to Single Audit because we are:
- a. A for-profit organization Yes
- b. A recipient of less than \$750,000 of federal funds Yes
- c. Incorporated outside of the United States Yes
- d. Other: Yes
- 4) Institution has the ability to separately account for US Federal Funds Yes No
- 5) Responsible parties are aware of, understand and implement US Federal requirements per 2 CFR Part 200, as well as applicable Federal Agency grants policy statements. Yes No
- 6) Is an independent financial audit completed annually for your organization? Yes No
- a. What was the date of the last audit?
- b. What fiscal period was audited?
- c. Your Audit is available on the web: Yes No
- ii) If #6 is **Yes** - URL: Yes No
- iii) If #6 is **No** - is a copy of the most recent audit attached to this form? Yes No
- 7) What books of account are maintained (please check all that apply):
 General Ledger Cash Receipt Journal Project Cost Ledger
 Payroll Journal Cash Disbursements Journal
- 8) Does the accounting system provide for the recording of grant/contract costs according to the categories of the approved budget? Yes No
- 9) Are time distribution records maintained for each employee to account for his or her effort? Yes No

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- 10) Does the system identify the receipt and expenditure of funds separately for each grant or contract? Yes No
- 11) Can your accounting records document expenditures according to the budget categories such as: salaries, supplies, travel and equipment? Yes No
- 12) Does your accounting system provide for the recording of cost sharing / matching for each project, and ensure that documentation is available to support the recorded cost sharing / matching? Yes No
- 13) Are asset inventory records maintained? Yes No
 a) How often does your Institution compare inventory records to the physical equipment?
- 14) How does the Institution ensure that all cost transfers are appropriate and processed in a timely manner?
- 15) If the response was “no” any of the above, please explain how your Institution will be able to fully account for and separately track federal funds that will flow through to your Institution:

PART 3 – FFATA REPORTING DATA: INSTITUTIONAL PORTFOLIO AND FUNDING

1. Did federal funds from all sources make up more than 80% of your revenue in the preceding tax year? Yes No
2. Did federal funding account for \$25M or more in funding in the preceding tax year? Yes No
3. Did your institution receive \$300,000 or more in revenue in the preceding tax year? Yes No
4. Does your institution provide public access to executive compensation data through reports filed under 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code of 1986? Yes No

Do not complete the remainder of this section (executive compensation) if any of the following is true:

*Answers to questions 1-3 is **No**.*

*Answer to question 4 is **Yes**.*

Please provide data on the top 5 highest compensated executives below:

1. Official Name	Compensation	\$
2. Official Name	Compensation	\$
3. Official Name	Compensation	\$
4. Official Name	Compensation	\$
5. Official Name	Compensation	\$

PART 4 – ATTACHMENTS

A – PROPOSAL DOCUMENTS

- Statement of Work
- Budget and Budget Justification (*including cost share amounts and justification*)
- F&A Rate Agreement
- Available via Web? Yes No (*please attach*) URL:

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- Other Rate: Fringe Benefit Rate:
 Other:
 Other:

B - INSTITUTIONAL DOCUMENTS

- Copy of audit or financial statements
 List of individuals authorized to sign on behalf of the Institution
 F&A rate (if applicable)
 Other documents necessary to demonstrate ability to manage federal funds as required by 2 CFR part 200

PART 5 - AUTHORIZED OFFICIAL

The appropriate programmatic and administrative personnel involved in the application are aware of sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements.

To the best of my knowledge, the enclosed represents a true, complete and accurate representation of the work to be performed and cost to be incurred in the performance of the proposed project.

I certify that I have the authority to submit this form on behalf of my Institution.

Authorized Signature _____

Print Name and Title

Mailing Address

Email

Phone Number

Name of Individual Completing Form
(if different than Authorized Official)