



Subrecipient Commitment Form

This form must be completed and signed by an authorized official of the subrecipient organization before Howard University submits a proposal that includes the subrecipient. Incomplete forms will delay proposal processing.

A. Subrecipient Information

- Legal Entity Name: _____
- Address: _____
- City/State/Zip: _____
- Unique Entity Identifier (UEI): _____
- SAM.gov Registration Status:
 Active (Expiration Date: _____) Pending Not Registered
- Subrecipient PI/Project Director: _____
- Subrecipient Authorized Official: _____
- Email / Phone: _____

B. Proposal Information

- Prime Sponsor: _____
- Howard PI: _____
- Project Title: _____
- Total Subrecipient Budget (incl. F&A): \$ _____
- Performance Period (Start/End Dates): _____

C. Subrecipient Scope of Work

SOW attached

Provide a brief description of subrecipient's role: _____

D. Budget and F&A

Detailed budget attached



Budget justification attached

- F&A Rate Agreement: Attached Not applicable (using 10% de minimis)

E. Compliance & Certifications

- Human Subjects: Yes (IRB approval # _____ / pending) No
- Vertebrate Animals: Yes (IACUC protocol # _____ / pending) No
- Conflict of Interest Policy: Subrecipient maintains a PHS compliant FCOI policy
 Subrecipient will follow Howard's FCOI policy
- Debarment/Suspension: The organization/PI is not debarred, suspended, or otherwise excluded from federal transactions. Yes
- Foreign Component/Support: None Disclosed (attach details)

F. Audit & Financial Information

- Did the organization expend \geq \$750,000 in federal funds last fiscal year?

Yes \rightarrow Attach most recent Single Audit report **or** provide link: _____

No \rightarrow Attach financial certification (basic financial statements, description of internal controls, or other assurance of capacity)

G. Authorized Official Certification

By signing below, the Subrecipient certifies that:

- The information provided is true and complete.
- The organization will comply with applicable federal regulations, including **2 CFR 200 (Uniform Guidance)**, and with sponsor requirements.
- All required documents have been provided to Howard University.

Authorized Official (Subrecipient)

Name: _____ Title: _____

Signature: _____ Date: _____



To be Completed by Howard SPO Pre-Award

I. Pre-Award Proposal Review:

Cayuse Proposal ID:

Checklist:

- Statement of Work
- Budget & Justification
- F&A Rate Agreement (or de minimis statement)
- Audit Report **OR** Financial Certification
- Compliance approvals (if applicable)

Shared Folder: _____

Howard University SPO Pre-Award (OPAT) Reviewer

Name: _____

Signature: _____ Date: _____

II. Pre-Award (IPAT) Review:

Cayuse Award ID: _____

WorkDay GRT: _____

Howard University SPO Pre-Award (IPAT) Reviewer

Name: _____

Signature: _____ Date: _____