

Contact Information

<p align="center">University of Notre Dame Contacts</p> <p>EIN#: 350868188 DUNS: 824910376 UEI#: FPU6XGFXMBE9 Congressional District: IN-002</p>		<p align="center">Collaborator Contacts</p> <p>Collaborator EIN#: _____ DUNS#: _____ UEI# _____ Congressional District: _____</p>	
<p align="center">Notre Dame PI</p> <p>Name: _____ Address: _____ _____ _____</p> <p>Telephone: (574) _____ Fax: (574) _____ Email: _____</p>		<p align="center">Collaborator/Subrecipient PI</p> <p>Name: _____ Address: _____ _____ _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p>	
<p align="center">Pre-Award Contact</p> <p>Name: _____ Address: University of Notre Dame Research Administration and Compliance 940 Grace Hall Notre Dame, IN 46556-5612</p> <p>Telephone: (574) _____ Fax: (574) 631-6630 Email: _____</p>		<p align="center">Pre-Award Contact</p> <p>Name: _____ Address: _____ _____ _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p>	
<p align="center">Post-Award Contact</p> <p>Name: Greg Luttrell Director, Research Contracts and Awards</p> <p>Address: University of Notre Dame Research Administration and Compliance 940 Grace Hall Notre Dame, IN 46556-5612</p> <p>Telephone: (574) 631-2857 Fax: (574) 631-6630 Email: Luttrell.1@nd.edu</p>		<p align="center">Post-Award Contact</p> <p>Name: _____ _____</p> <p>Address: _____ _____ _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p>	
<p align="center">Financial Contact</p> <p>Name: Ann P. Strasser Assistant Controller, Research and Sponsored Programs Accounting Awards</p> <p>Address: University of Notre Dame Research & Sponsored Programs Acct. 833 Grace Hall Notre Dame, IN 46556-5612</p> <p>Telephone: (574) 631-7070 Fax: (574) 631-4983 Email: rspa@nd.edu</p>		<p align="center">Financial Contact</p> <p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Telephone: _____ _____</p> <p>Fax: _____ Email: _____</p>	
<p align="center">Authorized Official</p> <p>Name: Liz Rulli Associate Vice President, NDRAC</p> <p>Address: University of Notre Dame Research Administration and Compliance 940 Grace Hall Notre Dame, IN 46556-5612</p> <p>Telephone: (574) 631-7432 Fax: (574) 631-6630 Email: researc2@nd.edu</p>		<p align="center">Authorized Official</p> <p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Telephone: _____ _____</p> <p>Fax: _____ Email: _____</p>	

SUBRECIPIENT COMMITMENT FORM

SECTION A: UNIVERSITY OF NOTRE DAME PROPOSAL INFORMATION

Name of University of Notre Dame PI: _____
 Department: _____
 Prime Sponsor: _____
 Title of Proposal: _____

Notre Dame Period of Performance: From: (mm/dd/year) _____ To: (mm/dd/year) _____

SECTION B: SUBRECIPIENT ELIGIBILITY

Any organization planning to enter into a collaborative subrecipient relationship with the University of Notre Dame must complete this form at the proposal stage. Please answer the following question to determine if a formal subrecipient partnership can be established between your organization and Notre Dame. **Please answer the following question BEFORE completing the rest of the form.**

Is your organization, PI or any other employee or student participating in this project presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency? Yes No

If you answered "Yes" to the question above it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the University of Notre Dame Principal Investigator (PI) as soon as possible.

SECTION C: SUBRECIPIENT INFORMATION

Legal Name of Subrecipient Organization:
(as specified in Central Contractor Registration – CCR) _____

DUNS #: _____ FEIN #: _____ Congressional District: _____

Subrecipient Principal Investigator: _____

Project Period: From: (mm/dd/year) _____ To: (mm/dd/year) _____

Requested Amount of Subrecipient Award: \$ _____

Subrecipient Cost Share (if applicable): _____

Address of Subrecipient: _____

City: _____

State: _____ 9-digit zip code: _____

Country: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: _____

Address of Place of Performance (if different): _____

City: _____

State: _____ 9-digit zip code: _____

Congressional District: _____

SECTION D: PROPOSAL DOCUMENTS

- STATEMENT OF WORK (Required)**
Includes work to be performed; project description; PI; period of performance; deliverables; milestones
- BUDGET and BUDGET JUSTIFICATION (Required)**
 - Budget for entire length of project and broken down by budget period.
 - Budget justification with reasonable level of detail for cost/price analysis.
- This **SUBRECIPIENT COMMITMENT FORM (Required)** signed by Subrecipient Authorized Official.
- OTHER: _____

SECTION E: SUBRECIPIENT COMPLIANCE REVIEW

Are Human Subjects involved? Yes No Approval pending? Yes No
 Approval Date: (mm/dd/year) _____ Expiration Date: (mm/dd/year) _____

Human Subjects Assurance No. (MPA/FWA): _____

Is Animal use/experimentation involved? Yes No Approval pending? Yes No
 Approval Date: (mm/dd/year) _____ Expiration Date: (mm/dd/year) _____

Animal Welfare Assurance No: _____

Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws? No Yes Unknown at this time

E 1 - Responsible Conduct in Research (RCR) (applicable to NSF and NIH)

- Not applicable, as this project is not funded by NSF or NIH, or it is a non-educational institution
- By checking this box, Subrecipient certifies, if applicable, that it maintains 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. Subrecipient 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 training requirements.
- By checking this box, Subrecipient certifies, if applicable, that for NIH Grants for Training and Fellowship awards, that Subrecipient will monitor and maintain records for the individual training plans as proposed by Subrecipient, in accordance with NIH's RCR training requirements.

E 2 - Conflict of Interest – Applicable to NIH and Other PHS Funded Research

Has your organization certified compliance with PHS 42 CFR Part 50 Subpart F and 45 CFR Part 95, Promoting Objectivity in Research through the FDP Clearinghouse? Yes No

If so, proceed to the FFATA section **E3** on this form.

If not, respond to the following question: As of 08/24/2012, does your organization have a current financial conflict of interest (FCOI) policy that is compliant with PHS 42 CFR Part 50 Subpart F and 45 CFR Part 95, Promoting Objectivity in Research?

- Yes If yes, **by signing below I certify that all Investigators on this project have complied with the Institution's PHS-compliant FCOI policy.**

NOTE: Prior to receipt of award, the Subrecipient Institution must certify PHS-compliant FCOI training for all Investigators, and must report all financial conflicts and related management plan to the University of Notre Dame.

- No No, however, as a Subrecipient, I have a **pending** Financial Conflict of Interest policy compliant with PHS 42 CFR Part 50 Subpart F and 45 CFR Part 95, or will adopt & implement a policy prior to execution of the subaward agreement that is compliant using the Federal Demonstration Partnership (FDP) Model Policy as a guide.

E 3 - Federal Funding Accountability and Transparency Act (FFATA)

Exempt from reporting compensation? Yes No

If no, proceed with filling out the top 5 paid officers below. Executive compensation information for the Subrecipient must be reported if: More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually; compensation information is not already available through reporting to the Security & Exchange Commission (SEC).

OFFICER 1	Name: _____	Compensation: \$ _____
OFFICER 2	Name: _____	Compensation: \$ _____
OFFICER 3	Name: _____	Compensation: \$ _____
OFFICER 4	Name: _____	Compensation: \$ _____
OFFICER 5	Name: _____	Compensation: \$ _____

E 4 - Lobbying (for U.S. federal project only):

- Yes My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. **(If "No," attach explanation.)**
- No

APPROVED FOR SUBRECIPIENT:

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: _____

Type or print name and title of Authorized Official: _____ Date: _____