

SUBRECIPIENT COMMITMENT FORM

Please return the completed document to osp@american.edu

Subrecipient Legal Name: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ End Date: _____

Other rates (please specify the basis on which the rate has been calculated in Section C - Comments)

2. Fringe Benefit Rates included in this proposal have been calculated based on:

Rates consistent with or lower than our federally-negotiated rates
(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement in Section C - Comments.)

Other rates (please specify the basis on which the rate has been calculated in Section C - Comments.)

3. Small Business Concern Yes No

Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes" : Subrecipient represents that it is a:

- Small disadvantaged business as certified by the Small Business Administration
- Women-owned small business concern
- Veteran-owned small business concern
- Service-disabled veteran-owned small business concern
- HUBZone small business concern

4. Cost Sharing or Matching Yes No Amount: _____

Cost sharing or Matching amounts and justification should be included in the subrecipient's budget

5. Human Subjects Yes No Approval Date: _____

If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subcontract will be issued. Please forward these documents to American University's PI and American University's Office of Sponsored Programs as soon as they become available.

If "Yes ": Have all key personnel involved completed Human Subjects Training? Yes No

6. Animal Subjects Yes No Approval Date: _____

SUBRECIPIENT COMMITMENT FORM

