



Cal State L.A. University Auxiliary Services, Inc.
Office of Research and Sponsored Programs

Subrecipient Federal Demonstration Partnership Commitment Form

General Information

Subrecipient Institution Name				
Subrecipient PI Name				
Subrecipient PI Email				
Subrecipient PI Phone				
Prime Sponsor				
Project Title				
Project Period	Begin Date		End Date	

Subrecipient Institution Information

UEI #		EIN/TIN #			
Type of Business					
FDP Expanded Clearinghouse Profile url					
Subrecipient PI Name					
Subrecipient PI eRA Commons					
Subrecipient NSF ID					
Performance Site Address	Street:				
	City:	State:	Zip code +4:		
Performance Site Congressional District #					
Direct Costs		F&A Costs		Total Costs	
Subrecipient Cost Share amount (if applicable)					

Proposal Documents

1. Statement of Work (required)
2. Budget and Budget Justification (required)
3. This Subrecipient Commitment Form completed and signed by Subrecipient's Authorized Representative (required)
4. Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposals over \$550,000)
5. Biographical Sketches of Key Personnel, in agency-related format (required)
6. A Letter of Support from Subrecipient's Authorized Representative (optional)
7. Cost Share Commitment Letter (if applicable)
8. Other:

Subrecipient Contacts

Administrative Contact		E-Mail	
		Phone	
Financial Contact		E-Mail	
		Phone	
Authorized Official		E-Mail	
		Phone	

	<u>Yes/No</u>	<u>Approval Date / Number and/or Pending</u>		<u>Yes/No</u>	<u>Approval Date / Number and/or Pending</u>
Human Subjects			Recombinant dNA		
Vertebrate Animals			Program Income		
Human Embryonic Stem Cells			Cost Sharing *if YES , must be detailed and justified in subrecipient budget		

Comments (please attach additional pages if necessary)

Name	
Title	

Signature

Date