

The subrecipient may use their standard Institutional Letter of Commitment **or** this form as an optional alternative. Please complete the form below **or** provide an Institutional Letter of Commitment to include the following information to proposals@oregonstate.edu.

Subrecipient Institution Name:		Address:		EIN:	DUNS:
Subrecipient Principal Investigator:		Phone:		Email:	
Proposal Title:					
Proposed Start Date:		Proposed End Date:		Total Proposed Amount:	
Administrative Contact:		Authorized Official Name and Title:		Authorized Official Address and Contact Info:	

Conflict of Interest (COI): Applicable to PHS, NSF or other sponsor requiring adherence to the federal financial disclosure requirements. Select one:

1	My organization has a conflict of interest policy that is compliant with the PHS Financial Conflict of Interest Regulations (42 CFR Part 50 Subpart F), NSF or other sponsors requiring adherence to the financial disclosure requirements.
2	My organization does not have a compliant conflict of interest policy and agrees to follow Oregon State University's Financial Conflict of Interest policy. Please request OSU's Conflict of Interest Disclosure form from proposals@oregonstate.edu for each investigator.
3	Not applicable: This project is not funded by PHS, NSF or any other sponsor that has adopted the financial disclosure requirements.

Please include the following:

1	Statement of Work	4	4a. F&A Published Policy/Negotiated Rate Agreement
2	Budget (Excel)		4b. Does Not have a Rate Agreement
3	Budget Justification	5	Other:

The information, certification, and representations above have been read, signed, and made by an authorized institutional official of the subrecipient. The appropriate programmatic and administrative personnel involved in this grant application are aware of awarding agency's policies, agree to accept the obligation to comply with the award terms, conditions and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

Authorized Organization Representative Name:		Authorized Organization Representative Signature:	
Title:		Date:	