

# ILLINOIS STATE UNIVERSITY Subrecipient Commitment Form

All subrecipient organizations must complete this form when submitting a subaward proposal to Illinois State University. Please complete this form and send all required documents and certifications to the following email address:

\_\_\_\_\_@ilstu.edu

## ILLINOIS STATE UNIVERSITY INFORMATION

Principal Investigator (First and Last Name)

\_\_\_\_\_

Proposal Number

\_\_\_\_\_

Proposal Title

\_\_\_\_\_

Prime Sponsor's Name

\_\_\_\_\_

## SUBRECIPIENT INFORMATION

Subrecipient Organization

\_\_\_\_\_

Subrecipient Principal Investigator (First and Last Name)

\_\_\_\_\_

Subrecipient Principal Investigator Email

\_\_\_\_\_

Subrecipient Contact Name (First and Last Name)

\_\_\_\_\_

Subrecipient Contact Email

\_\_\_\_\_

Data Universal Numbering Systems (DUNS)

\_\_\_\_\_

Unique Entity Identifier (UEI) Number

\_\_\_\_\_

Employer Identification Number (EIN)

\_\_\_\_\_

Federal Congressional District

\_\_\_\_\_

Subrecipient Period of Performance Begins (MM/DD/YYYY)

\_\_\_\_\_

Subrecipient Period of Performance Ends (MM/DD/YYYY)

\_\_\_\_\_

Subrecipient Award Amount (\$00,000.00)

\_\_\_\_\_

Subrecipient Match Amount (\$00,000.00)

\_\_\_\_\_

## ATTACHMENTS

The following documents are included in the subrecipient organization proposal submission and are in compliance with the prime sponsor's guidelines linked below:

Proposal Guidelines Link

\_\_\_\_\_

Budget (Required)

Budget Justification (Required)

Collaboration Letter

Principal Investigator Biosketch

Scope of Work (Required)

Other: \_\_\_\_\_

**AUDIT**

Does subrecipient organization receive a single audit in accordance with Uniform Guidance §200.514?

Yes

No

N/A

Does the above-mentioned audit contain:

No material instances of non-compliance, material weakness and/or reportable conditions.

Material instances of non-compliance, material weakness and/or reportable conditions.

Attach a copy of most recent audit or provide a URL link.

URL: \_\_\_\_\_

**CONFLICT OF INTEREST**

Subrecipient organization hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research."

Subrecipient organization certifies that to the best of its knowledge, all financial disclosures have been made related to the activities that may be funded by or will have been satisfactorily managed, reduced, or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Subrecipient organization does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by ISU's policy and related procedures. See policy: <https://policy.illinoisstate.edu/fiscal/7-1-1.shtml>

Not applicable: Project is not being funded by Public Health Services (PHS), National Science Foundation (NSF), or other sponsor that has adopted the federal financial disclosure requirements.

**DEBARMENT AND SUSPENSION INFORMATION:**

Has subrecipient organization, principal investigator and/or any employee on this project within the last 3 years been debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in Uniform Guidance?

Yes

No

**FACILITIES AND ADMINISTRATIVE (F&A) RATE**

Subrecipient organization facilities and administrative rate is \_\_\_\_\_% and is:

Federally Negotiated

De Minimus Rate

Other

Attach a copy of rate agreement or provide a URL link.

URL: \_\_\_\_\_

**REGULATORY COMPLIANCES**

Does the work on this project involve:

Animal subjects

Biological hazards, chemicals, lasers, neurotoxins, and/or radiation

Human subjects

International collaborations and/or travel

If any of the above are checked please attach all proper protocols and/or approval.

**RESPONSIBLE CONDUCT OF RESEARCH**

For National Science Foundation (NSF) or United States Department of Agriculture-National Institute of Food and Agriculture (USDA-NIFA) sponsors only. Check all that apply.

- NSF: Subrecipient hereby certifies that it will ensure that all undergraduates, graduate students, and post-doctoral researchers who will be supported by the NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.
- USDA-NIFA: Subrecipient hereby certifies that it has an institutional plan compliant with USDA-NIFA’s February 2013 Agency-Specific Terms and Conditions Requirements related to responsible conduct of research.

**AUTHORIZED REPRESENTATIVE SIGNATURE**

The information, certifications and representations above have been read, signed, and made by an authorized official of the subrecipient organization 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 the execution of a subaward agreement are at the Subrecipient’s own risk. No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board (IRB) and/or Intutional Animal Care and Use Committee (IACUC) review and approval

\_\_\_\_\_  
Signature of Subrecipient’s Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Subrecipient’s Authorized Official

\_\_\_\_\_  
Printed Title of Subrecipient’s Authorized Official

**FOR ILLINOIS STATE UNIVERISTY ADMINISTATIVE USE ONLY**

Is subrecipient form completed in its entirety?

- Yes
- No\*

Reason for omissions: \_\_\_\_\_

Are any risk factors identified?

- Yes\*
- No

Risk factors: \_\_\_\_\_

Recommendation to approve subrecipient?

- Yes, with standard monitoring
- Yes, with additional monitoring regarding\*: \_\_\_\_\_
- No, due to\*: \_\_\_\_\_

\_\_\_\_\_  
Name of primary reviewing party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of secondary reviewing party  
(Only necessary if any of the above responses with an \* are marked)

\_\_\_\_\_  
Date