This portion of the form should be completed by the Principal Investigator at Illinois State University. The partially completed form should be sent to the Principal Investigator at the subrecipient organization for completion.

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| **Illinois State University (ISU) AWard Information** | |
| Name of ISU Principal Investigator: | Department: |
| Prime Sponsor: | |
| Title of Project: | |
| Period of Performance (Begin Date to End Date): | |
| ISU Subaward Contact Name:  Heather Winfrey-Richman, Contract Manager | ISU Subaward Contact Information:  [hwinfre@ilstu.edu](mailto:hwinfre@ilstu.edu)  309-438-8595 |

The following portion of this form should be completed by the subrecipient and signed by an authorized individual from the subrecipient organization. The form must be completed in its entirety.

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| **SECTION A. Proposal Information** | |
| Name of Subrecipient Principal Investigator: | Department: |
| Subaward Period of Performance (Begin Date to End Date): | |
| **SECTION B: PROPOSAL DOCUMENTS** | |
| The following documents are included in our subaward proposal submission in compliance with the prime sponsor’s solicitation guidelines. (Check those that apply). | |
| Statement of Work (subrecipient’s specific role within the proposed project) (required for all proposals)  Budget and Budget Justification (required for all proposals)  Biosketches of Key Personnel, in agency-required format (if required by agency)  Other: | |
| COST SHARING/MATCHING/IN-KIND:  Yes Amount: $  No  (Cost sharing, matching, and/or In-kind amounts and justification should be included in the subrecipient’s budget) | |

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| **SECTION C: SUBRECIPIENT INFORMATION** | | | |
| Organization’s Legal Name: | | | DUNS #: |
| Organization’s Address (include zip + 4): | | | Congressional District: |
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| Performance Site Address (if different from above, include zip + 4): | | | Congressional District (if different from above, include zip + 4): |
| Organization’s Contact Person: | | | Organization’s Contact Email Address: |
| Organization’s Contact Person’s Title: | | | Organization’s Contact Phone Number |
| Domestic Organizations: | | | International Organizations: |
| Federal Employer Identification Number (EIN): | | | NAIS Code  (North American Industry Classification System) |
| Registered in SAM:  Yes Expiration Date:  No | | | NCAGE Code:  (NATO Commercial and Governmental Entity) |
| CAGE Code:  (Commercial and Governmental Entity) | | |  |
| Cognizant Audit Agency: | | | Fiscal Year Dates: |
| Type of Organization:  For-profit  Non-profit  Government | | Individual  University  Other (please specify below) | |
| Organization Classification:  Large Business  Historically Black College/University  Historically Underutilized Business  Minority Institution/Owned  Tribal  Veteran Owned | Small Business  Small Disadvantaged Business  Woman-Owned  Individual  Volunteer Organization  Other (please specify below) | | |

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| **SECTION D. CERTIFICATIONS** |
| **Facilities & Administrative (F&A) Rates** included in this proposal have been calculated based on:  Not Applicable (N/A), there are no F&A costs associated with this research  Our federally-negotiated F&A rates for this type of work is:  (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the  agreement).  URL:  De minimis Rate - 10% Modified Total Direct Costs (MTDC) in accordance with CFR Part 200 – Uniform  Administrative Requirements, Cost Principles, and Audit  Other (please specify below) |
| **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 organization’s rate agreement or a URL link to the  agreement.)  URL:  Actual fringe benefit costs  Other rates (please specify below) |
| **HUMAN SUBJECTS** are involved in this research:  Yes  Approval Date:  No  Have all key personnel involved completed Human Subjects Training?  Yes  No  Copies of Institutional Research Board (IRB) approval must be provided prior to any subaward/subcontract being executed. |
| **ANIMAL SUBJECTS** are involved in this research:  Yes  Approval Date:  No  Copies of Institutional Animal Care and Use Committee (IACUC) approval must be provided prior to any subaward/subcontract being executed. |

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| **RESPONSIBLE CONDUCT OF RESEARCH (RCR) (National Science Foundation (NSF)-funded projects only):**  My organization certifies that it has an Institutional Plan that meets NSF’s Educational Requirements for the Responsible Conduct of Research, as required under the “America Competes Act” Public Law 110-69-August 9, 2007.  Yes  No  Not Applicable (N/A), not an NSF funded project  My organization 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 requirements.  Yes  No  Not Applicable (N/A), not an NSF funded project |
| **EXPORT CONTROL:**  Subrecipient is individually responsible for maintaining its compliance with federal export laws and procedures.  Not Applicable (N/A), export control does not apply to this research  Export control does apply to this project and an export control officer, or other authorized person, has reviewed the Subrecipient’s proposal for compliance with federal export control laws. |
| **CONFLICT OF INTEREST (only applicable to Public Health Services (PHS), NSF, or other sponsors that have adopted the federal financial disclosure requirements):**  Subrecipient has an active and enforced conflict of interest policy that is consistent with the Provision of 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research.” Subrecipient also certifies that, to the best of the Institution’s knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and (2) all identified conflict of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient’s conflict of interest policy prior to the expenditures of any funds under any resultant agreement.  Yes  No (if no, respond to statement below)  Not Applicable (N/A)  Subrecipient does not have an active and/or enforced PHS-compliant conflict of interest policy and hereby agrees to abide by ISU’s policy and procedures located at  [http://policy. state.edu/fiscal/7-1-1.shtml](%20http://policy.%20state.edu/fiscal/7-1-1.shtml)  Yes  No |
| **LOBBYING (for U.S. federal projects only):**  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, Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project.  Yes  No (If no, explain below)  Not Applicable (N/A), as this is not federally funded research |

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| **DEBARMENT AND SUSPENSION INFORMATION**:  Is the Subrecipient PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?  Yes (If yes, explain below)  No (If no, explain below)  The Subrecipient certifies they: (answer all questions below)  are  are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of  federal contracts  are  are not presently indicted for, or otherwise criminally or civilly charged by a government entity  have  have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered  against them for commission of fraud or criminal offense in connection with obtaining,  attempting to obtain, or performing a public (federal, state, or local) contract of subcontract;  violation of Federal or State antitrust statues relating to the submission of offers; or  commission of embezzlement, theft, forgery, bribery, falsification or destruction of records,  making false statements or receiving stolen property  have  have not within three (3) years preceding this offer, had one or more contracts terminated for  default by any federal agency |
| **A-133 AUDIT STATUS / FISCAL RESPONSIBILITY:**  Does your organization receive an annual audit in accordance with Office of Management and Budget (OMB) Circular A-133?  Yes (if yes, respond to statement below)  No  Has your organization’s A-133 audit been completed for the most recent fiscal year?  Yes  No  Not Applicable (N/A)  Were there any findings or exceptions noted? If “Yes” attach an explanation.  Yes (If yes, explain below)  No  Not Applicable (N/A)  Link or attach most recently completed A-133 audit: |
| **SECTION E. COMMENTS** |
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| **Section F. Authorized Representative Approval** |
| 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 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 and/or Animal Care and Use Committee review and approval. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Subrecipient’s Authorized Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Authorized Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Title of Authorized Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |