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 Ends (MM/DD/YYYY) Subrecipient Period of Performance Begins (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) ☐ Collaboration Letter ☐ Budget Justification (Required) ☐ 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
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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 administrate rate is% and is:
□ Federally Negotiated □ De Minimus Rate □ Other
Attach a copy of rate agreement or provide a URL link.
URL:
DECLII ATORY COMPLIANICES
REGULATORY COMPLIANCES Does the work on this project involve:
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.
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RESPONSIBLE CONDUCT OF RESEARCH	
For National Science Foundation (NSF) or United States Depart	ment 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	·
researchers who will be supported by the NSF proposal will conduct of research.	be trained on the oversight in the responsible and ethical
□USDA-NIFA: Subrecipient hereby certifies that it has an instit	cutional plan compliant with USDA-NIFA's February 2013
Agency-Specific Terms and Conditions Requirements related to responsible conduct of research.	
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AUTHORIZED REPRESENTATIVE SIGNATURE	
The information, certifications and representations above have	
the subrecipient organization named herein. The appropriate	
this application are aware of agency policy in regard to subawa institutional agreements consistent with those policies.	ards 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	on of a subaward agreement are at the Subrecipient's
own risk. No work involving human subjects and/or animals m	
Institutional Review Board (IRB) and/or Intuitional Animal Care	and Use Committee (IACUC) review and approval
Signature of Subrecipient's Authorized Official	Date
Signature of Subrecipient's Authorized Official	Date
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Printed Name of Subrecipient's Authorized Official	Printed Title of Subrecipient's Authorized Official
Printed Name of Subrecipient's Authorized Official	Printed Title of Subrecipient's Authorized Official
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Printed Name of Subrecipient's Authorized Official FOR ILLINOIS STATE UNIVERISTY	
FOR ILLINOIS STATE UNIVERISTY Is subrecipient form completed in its entirely?	
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