



SUBRECIPIENT COMMITMENT FORM – PART I

Northern Illinois University is developing a proposal with your organization. Please complete and return this form to the NIU PI and Sponsored Programs Administration representative below. Contact us at 815-753-1581 or asosp@niu.edu with questions.

A. NIU PROPOSAL INFORMATION

Name of NIU PI: _____ NIU Department: _____

NIU SPA Contact: _____ Phone: _____ Email: _____

Prime Sponsor: _____

Title of Proposal: _____

NIU Period of Performance: _____ From: _____ To: _____

Proposed Period of Performance of Subrecipient (if different): _____ From: _____ To: _____

B. SUBRECIPIENT INFORMATION

Legal Name:	DUNS #:
Organization's Address (include ZIP Code + 4 code):	Congressional District: (If in U.S.)
Performance Site Address (include ZIP Code + 4 code):	Congressional District(s): (If in U.S.)
Federal Contracts Only: NAICS Code (U.S. organizations): (NCAGE) Code (International organizations):	Federal Employer Identification Number (EIN):
* Subrecipient will be required to obtain a DUNS # and SAM registration prior to receiving a subaward from NIU.	

C. PROPOSAL DOCUMENTS

Documents check-marked in this list are required for this proposal submission and covered by the certifications and approved by the signature below.

<input type="checkbox"/> STATEMENT OF WORK (must describe the subrecipient's specific role)	<input type="checkbox"/> DETAILED BUDGET
<input type="checkbox"/> FACILITIES AND RESOURCES (in agency required format)	<input type="checkbox"/> SPONSOR BUDGET FORM
<input type="checkbox"/> BIOSKETCHES OF KEY PERSONNEL (in agency-required format)	<input type="checkbox"/> BUDGET JUSTIFICATION
<input type="checkbox"/> CURRENT AND PENDING/OTHER SUPPORT (in agency-required format)	<input type="checkbox"/> LETTER OF COMMITMENT
<input type="checkbox"/> OTHER:	<input type="checkbox"/> CONFLICT OF INTEREST LIST

D. CERTIFICATIONS

1. Facilities and Administrative Rates included in this proposal are calculated based on (check as applicable):

- Our federally negotiated F&A rate or a reduced/other F&A rate that we hereby agree to accept.

If using your federally negotiated rate, please include a copy of or link to your F&A rate agreement:

(If using a reduced/other F&A rate, briefly explain basis for the rate:

- 10% modified total direct cost de minimus rate:

Allowable for State/Local Governments including school districts only if subrecipient has never had a federally negotiated rate AND has received less than \$35,000,000 per year in U.S. federal funding.

Allowable for non-profit entities (including charter schools operated by a non-profit organization) if subrecipient has never negotiated an indirect cost rate agreement with the federal government.

- Not applicable – subrecipient is not requesting, or the funding announcement does not allow for F&A costs.

2. Research Compliance Information (check as applicable):

- Yes** **No** Human Subjects will be involved in the subrecipient's portion of this project.

- Yes** **No** Animal subjects will be involved in the subrecipient's portion of this project.

3. Lobbying (for U.S. federal projects only):

- Yes** **No** 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, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No", please attach explanation).

4. Conflict of Interest: Please respond to each of the following separately by checking the applicable boxes.

NSF proposals (or other sponsors that have adopted the NSF financial disclosure requirements) only:

- My organization does have an NSF-compliant conflict of interest policy and will abide by this policy and associated procedures to comply with NSF conflict of interest regulations.
- My organization does NOT have an NSF-compliant conflict of interest policy and agrees to abide by NIU's policy, located at <http://www.niu.edu/orci/conflict/index.shtml>.

PHS proposals (or other sponsors that have adopted the PHS financial disclosure requirements) only:

- My organization does have a PHS-compliant Financial Conflict of Interest (FCOI) policy and will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulations.
- My organization does NOT have a PHS-compliant Financial Conflict of Interest (FCOI) policy and agrees to abide by NIU's Conflict of Interest policy, located at <http://www.niu.edu/orci/conflict/index.shtml>.

E. SUBRECIPIENT REQUIREMENTS AND RESPONSIBILITIES

NIU views a subrecipient organization as a collaborative partner in carrying out a sponsored project. The requirements and responsibilities of a subrecipient (2 CFR §200.330) are different from that of a contractor. My organization certifies that it is properly classified as a subrecipient and will be subject to all compliance requirements from the prime award that are pertinent to the subrecipient.

Subrecipient	Contractor
<p>(a) Subrecipient's PI has a significant role in programmatic decision making and will assist the NIU PI to achieve the project's goals and objectives.</p> <p>(b) Subrecipient is subject to all of the compliance requirements of the prime award that are pertinent to the subrecipient (e.g., effort reporting on federal awards).</p> <p>(c) Subrecipient will provide a complete copy of the subrecipient's most recent audit report, or the URL link to a complete copy, before a subagreement can be established.</p>	<p>(a) Provides routine goods and/or services to other customers or clients and/or;</p> <p>(b) Provides goods or services developed according to the specifications of the NIU PI and/or;</p> <p>(c) Provides personnel services that are primarily advisory in nature and/or;</p> <p>(d) Provides other ancillary services related to the sponsored project per the instructions of the NIU PI.</p>

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 signature here certifies approval of any and all documents submitted by the Subrecipient in support of the proposal described in Section A. The appropriate programmatic and administrative personnel involved in this application are aware of and will abide by the regulations and policies of the prime sponsor named in Section A, and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to 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.**

<p>_____</p> <p>Signature of Subrecipient's Authorized Official</p> <p>Date:</p> <p>Name and Title of Authorized Official:</p> <p>Address:</p> <p>City, State, Zip+4:</p> <p>Email:</p> <p>Phone: Fax:</p>	<p>If Subrecipient is owned or controlled by a parent entity, please provide the following information:</p> <p>Parent Entity Legal Name:</p> <p>Parent Entity Address, City, State, ZIP+4:</p> <p>Parent Entity Congressional District:</p> <p>Parent Entity DUNS:</p> <p>Parent Entity EIN:</p>
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G. SUBRECIPIENT CONTACTS

Administrative Contact					
Name:					
Address:					
City:		State:		Zip Code:	
Telephone:		Fax:		Email:	
Principal Investigator (Subrecipient)					
Name:					
Address:					
City:		State:		Zip Code:	
Telephone:		Fax:		Email:	
Financial Contact:					
Name:					
Address:					
City:		State:		Zip Code:	
Telephone:		Fax:		Email:	