

**Sponsored Programs Administration***Division of Research and Innovation Partnerships***SUBRECIPIENT COMMITMENT FORM- PART I**

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

Section 1: Pass Through Entity (PTE) Information: (PTE to complete)

PTE Legal Name: Board of Trustees of Northern Illinois University	
PI Name:	PI Phone:
PI Email:	
SPA Name:	SPA Phone: SPA Email:
Title of Proposal:	
Prime Sponsor Name:	
Sponsor Due Date:	PTE Due Date:
Solicitation:	Prime Sponsor Funding Type:
NIU Period of Performance (Dates):	Start: End:
Subrecipient Proposed Period of Performance (Dates):	Start: End:

Section 2: Subrecipient Information: (Subrecipient to complete)

Is Subrecipient a participant of the FDP Expanded Clearinghouse: Yes No

If yes, please complete the form through Section 2G Subrecipient Approval and then STOP. Return signed form.
If no, please complete the entire form before returning.

A. Subrecipient Information

Legal Name:	UEI#:
Administrative Contact Name:	Administrative Contact Phone:
Administrative Contact Title:	Administrative Contact Email:
Subrecipient PI Name:	PI Address:
PI Email:	PI Phone:
eRA Commons Username for NIH Proposals or NSF I.D for NSF Proposals.:	

B. Performance Site:

Address:	
City:	State:
Zip + 4 Postal Code:	Congressional District:

C. Budget Request:

Total:	Total Direct:
Total Indirect:	Indirect Cost Rate:
Cost Share:	Unrecovered Indirect Cost as Cost Share Yes <input type="checkbox"/> No <input type="checkbox"/>

D. Research Compliance:

Human Subjects:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vertebrate Animals:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Export Controls (Do you anticipate the use, transfer or development of any items that are export controlled): Yes <input type="checkbox"/> No <input type="checkbox"/>	

E. Required Documents (all documents must be in agency required format):

<input type="checkbox"/> Statement of Work	<input type="checkbox"/> Detailed Budget
<input type="checkbox"/> Budget Justification	<input type="checkbox"/> Facilities and Resources
<input type="checkbox"/> Biosketches of Key Personnel	<input type="checkbox"/> Current and Pending/Other Support
<input type="checkbox"/> Letter of Commitment	<input type="checkbox"/> Conflict of Interest List
<input type="checkbox"/> Other:	

F. Certifications:

☐ All named Key Personnel on this subaward have disclosed in the relevant proposal documents (Biosketch, Current & Pending, etc.) any international appointments or affiliations (paid or unpaid) or financial or in-kind support received from a foreign entity in the past 12 months.

☐ If NASA, Subrecipient certifies it is not a Chinese or Chinese-owned entity, and it will not participate, collaborate, or coordinate bilaterally with China or any Chinese-owned entity, whether the involvement is funded or performed under a "no exchange of funds" arrangement.

☐ If NSF, Subrecipient certifies it maintains an institutional plan compliant with NSF's Responsible Conduct of Research requirement.

☐ If USDA NIFA, Subrecipient certifies it complies with NIFA's "Responsible and Ethical Conduct of Research" requirements.

G. Subrecipient Approval

NIU views a subrecipient organization as a collaborative partner in carrying out a sponsored project. The requirements and responsibilities of a subrecipient are different from that of a contractor in accordance with 2 CFR§200.331. Approval of this form confirms that your entity is properly classified as a subrecipient.

The Authorized Official certifies the information on this form is accurate and complete and that the associated proposal has been reviewed and approved by the appropriate personnel of the Subrecipient entity. The appropriate programmatic and administrative personnel involved in this proposal are aware of the sponsoring agency policies, agree to comply with award terms, conditions and certifications and are prepared to enter into an agreement 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.

Authorized Official Name:	Title:
Signature of Authorized Official:	Date:

FDP Expanded Clearinghouse Subrecipients – STOP HERE and Return Form.
All Other Subrecipient Entities Must Complete the Remainder of this Form.

Section 3: Non-FDP Subrecipient Information (Subrecipient to complete):

H. Non-FDP Subrecipient Information:

Address:	
City:	State:
Zip + 4 Postal Code:	Congressional District:
Registered in SAM.gov: <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN#:
Entity Type (Check all that apply): <input type="checkbox"/> For Profit (Including Small business) <input type="checkbox"/> Government Entity <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Non-US Entity <input type="checkbox"/> Not for Profit <input type="checkbox"/> School District/LEA <input type="checkbox"/> Other:	
For Prime Federal Contracts Only: NAICS Code (U.S. Organizations): NCAGE Code (International Organizations):	

I. Indirect Cost Rates:

Indirect costs included in this proposal are calculated based on (check as applicable):

- ☐ Our federally negotiated rate (Provide copy of your negotiated indirect cost rate agreement when returning this form)
- ☐ Prime sponsor allowed rate
- ☐ 15% modified total direct cost de minimis rate (as compliant with 2 CFR §200.414)
- ☐ No indirect costs requested

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

To comply with the US Lobbying Disclosure Act, 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.

☐ Payments have been paid or will be paid to a 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. **Attach an explanation describing the purpose and payment(s) when returning this form.**

K. NSF Proposals 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>.

☐ My organization does have an NSF-compliant plan to ensure safe and inclusive workplaces and will abide by this plan and associated procedures to comply with NSF 2023 PAPPG requirements.

☐ My organization does NOT have an NSF-compliant plan to ensure safe and inclusive workplaces and will abide by NIU's plans located at <https://www.niu.edu/divresearch/funding/resources/index.shtml> (see Emerging/Hot Topics)

L. NIH/PHS Proposals 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>.

M. Debarment and Suspension:

Is your organization's 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 ☐ No

The organization certifies it: (*answer all questions below*)

☐ is ☐ is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts

☐ is ☐ is not presently indicted for, or otherwise criminally or civilly charged by a government entity

☐ has ☐ has 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 statutes 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

☐ has ☐ has not within three (3) years preceding this offer had one or more contracts terminated for default by any federal agency

N. Audit Status/Fiscal Responsibility:

☐ My organization receives an annual audit in accordance with Uniform Guidance 2 CFR 200.

Most recently completed audit year:
Provide link to most recent audit:

☐ My organization DOES NOT receive an annual audit in accordance with Uniform Guidance 2 CFR 200.

Note: Entities that do not receive an annual audit under 2 CFR 200 will need to provide a separate Cost Price Analysis with this form. Additional certifications and compliance reviews will be required prior to subaward execution.