



**SUBRECIPIENT COMMITMENT FORM**

Subrecipient Legal Name: \_\_\_\_\_

Subrecipient PI Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Address where research will be performed: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Performance Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

CSU's PI Name: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_

**SECTION A – Proposal Documents**

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

**STATEMENT OF WORK** (required)

**BUDGET AND BUDGET JUSTIFICATION** (required)

Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format

Biosketches of all Key Personnel, in agency-required format

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

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

**Subrecipient Requirements and Responsibilities**

Before submitting a subaward proposal, the subrecipient must verify that it fits the characteristics of a subrecipient, rather than those of a contractor (2 CFR 200.23). The following outlines the differences. Please check all that apply.

**SUBRECIPIENT**

Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program.

Will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of Chicago State University.

Is responsible for adhering to applicable program requirements specified in the prime award.

There is an identified principal investigator for the subrecipient who responsibility for making programmatic decisions.

**CONTRACTOR**

Provides goods or services that are ancillary to the operation of the program identified in the prime award.

Provides the goods or services purchased with the funds within normal business operations.

Provides similar goods or services to many different purchasers.

Is not subject to the compliance requirements of the program as a result of the agreement with Chicago State University.

Normally operates in a competitive environment.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	For the purpose of this proposal, my organization is properly categorized as a subrecipient as described above. <b>*If "No," STOP here. This form is not applicable. Do not continue completing this form. Please contact the CSU PI about procuring your organization's products and services as a contractor.</b> *If "Yes," continue completing the form.
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**SECTION B - Certifications**

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:

Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
*(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)*

Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)

2. **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 FB rate agreement or provide a URL link to the agreement.)*

Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).



3. Subrecipient Business Status

- Large Business, Nonprofit Organization, Institution of Higher Education, For profit organization, Foreign Owned

Small Business Concern Yes No

Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes": Subrecipient represents that it is a:

- Small disadvantaged business as certified by the Small Business Administration, Women-owned small business concern, Veteran-owned small business concern, Service-disabled veteran-owned small business concern, HUBZone small business concern

4. Cost Sharing Yes No Amount:

Cost sharing amounts and justification should be included in the subrecipient's budget

5. Human Subjects Yes No Approval Date:

If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to CSU's PI and CSU's Office of Grants and Research Administration as soon as they become available.

If "Yes": Have all key personnel involved completed Human Subjects Training? Yes No

6. Animal Subjects Yes No Approval Date:

If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to CSU's PI and CSU's Office of Grants and Research Administration as soon as it becomes available.

7. Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

- Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements, Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy...

8. Debarment and Suspension

Is the 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 (if "Yes", explain in Section D Comments 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 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, have/have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

9. The Subrecipient is registered in the System for Award Management (SAM) via SAM.gov and that its registration is current:

Yes No

10. As part of its enforcement efforts, OFAC publishes a list of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. It also lists individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs that are not country specific. Collectively, such individuals and companies are called "Specially Designated Nationals" or "SDNs." Their assets are blocked, and U.S. persons are generally prohibited from dealing with them.

By signing this document Subrecipient certifies that their organization will use these grant funds in compliance with all applicable U.S. anti-terrorism laws and regulations including, but not limited to those promulgated by the Department of Treasury, the Department of Justice, Executive Order 13224 and the Global Terrorism Sanctions Regulations set forth in 31 CFR Part 594. Without limiting the generality of this Section, you agree that, to the extent legally mandated, none of these grant funds will be paid, distributed, contributed, given or otherwise



knowingly made available to, or for use by, any person or firm listed on the United States Government's Terrorist Exclusion List or the list of specially designated nationals and blocked persons maintained by the United States Treasury Department's Office of Foreign Assets Control. Subrecipient acknowledges that should any change in circumstances occur during the fund period of this grant, Chicago State University will be notified as soon as possible.

11. **Misconduct in Research:**

- Subrecipient **has established** a Misconduct in Research/Research Integrity policy that complies with federal regulations
- Subrecipient **does not have** a Misconduct in Research/Research Integrity policy that complies with federal regulations.

12. **Export Control Compliance**

Does this project involve data, information, technology, etc. that may be subject to export control laws?

- Yes  No

\* If applicable, sub-recipient hereby certifies that it understands and will comply with all applicable export control laws and regulations of the United States of America.

13. **Fiscal Responsibility:** The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and (mark all that apply):

- has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they are received
- maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants
- complies with applicable laws and regulations
- can prepare appropriate financial statements, including the schedule of expenditures of Federal awards
- there are no outstanding audit findings. If there are findings, submit a copy of the most recent report that describes the findings and steps to be taken to correct the finding.

**SECTION C - Audit Status**

**OMB Uniform Guidance Audit Status**

- Subrecipient receives an annual audit in accordance with OMB Uniform Guidance Audit Status.  
Most recent fiscal year completed: FY \_\_\_\_\_  
Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.)  **Yes**  **No**  
**Please attach a complete copy of your most recent audit report or provide the URL link to a complete copy.**

If "No", does the Subrecipient receive overall federal funding of at least \$750,000 per year?  Yes  No

- Subrecipient DOES NOT receive an annual audit in accordance with OMB Uniform Guidance Audit Status.  
Subrecipient is a:
  - Non-profit entity (under federal funding threshold)
  - Foreign entity
  - For profit entity
  - Government entity

**Note:** If Subrecipient does not receive an OMB Uniform Guidance audit, CSU will require the subrecipient to complete an Audit Certification and Financial Status Questionnaire. A limited scope audit may be required before a subaward will be issued.

**SECTION D - Comments**



**APPROVED FOR SUBRECIPIENT**

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 execution of a subaward agreement are at the Subrecipient's own risk.**

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

Legal Name of Subrecipient's Organization/Institution \_\_\_\_\_

Name and Title of Authorized Official \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Federal Employer Identification Number (EIN) \_\_\_\_\_

Date \_\_\_\_\_

DUNS or DUNS+4 number \_\_\_\_\_

Subrecipient's Congressional District \_\_\_\_\_

Is Subrecipient owned or controlled by a parent entity?  Yes  No

If "Yes", please provide the following:

Parent Entity Legal Name: \_\_\_\_\_

Parent Entity Address, City, State, Zip: \_\_\_\_\_

Parent Entity Congressional District: \_\_\_\_\_

Parent Entity DUNS: \_\_\_\_\_

Parent Entity EIN: \_\_\_\_\_

***The Grants Compliance Administrator at Chicago State University hereby certify that the above information is correct and current and that the requested paperwork is on file in the Office of Grants and Research Administration:***

\_\_\_\_\_ Date \_\_\_\_\_

**Grants Compliance Administrator  
Office of Grants and Research Administration**

\_\_\_\_\_ Date \_\_\_\_\_

**Associate Provost  
Office of Grants and Research Administration**



AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

It is not sufficient for agencies to simply pass funding on to second or third parties such as Subrecipients. Rather, a system must be established to monitor how those funds are being spent and ensure these monies are being spent for the specified purpose.

Subrecipient Legal Name

CSU Principal Investigator/Project Director

Subrecipient Principal Investigator

Most Recently Completed Fiscal Year

from \_\_\_\_\_ to \_\_\_\_\_

Is your organization subject to an annual audit in accordance with OMB Uniform Guidance Subpart F? YES\_\_ NO\_\_

If "Yes," please provide the following information and complete the certification section at the end of this form.

Federal Audit Clearinghouse (FAC) Look-up Information (https://harvester.census.gov)

Auditee Name:

Auditee EIN:

If "NO," please complete questions 1 – 10:

1. We are not subject to OMB Uniform Guidance because (select all that apply):

- Our organization is for-profit.
Our organization expended less than \$750,000 in Federal Awards in the fiscal year indicated above.
Our organization is foreign (not formed under U.S. laws), or another exception applies (explain):

Empty box for explanation of foreign organization exception.

2. Are duties separated so that no single individual has complete authority over an entire financial transaction?

Yes\_\_ No\_\_ N/A\_\_

3. Have annual financial statements been audited by an independent firm? If yes, provide a copy of the statements for the most current fiscal year, or provide the URL:

Yes\_\_ No\_\_

4. Does the organization have a financial management/accounting system that provides records that can identify the source and application of funds for award-supported activities?

Yes\_\_ No\_\_

5. Does the financial system provide for the control and accountability of project funds, property, and other assets?

Yes\_\_ No\_\_

6. Are expenditures documented with receipt of goods or performance of services and reconciled against bank statements?

Yes\_\_ No\_\_

7. Does the organization have policies that address the following (if yes to any of the below, please attach a copy of the relevant policy, or provide the URL):

Table with 4 columns: Policy Name, Yes, No, and Yes/No. Rows include Payroll Charges, Conflicts of Interest, Time and Attendance, Travel, Paid Leave, Purchasing, and Discrimination.

8. Describe the method used to support labor and benefit charges (e.g. payroll system, QuickBooks, Excel database, etc.):

Empty box for describing labor and benefit charges support method.

9. Is inventory of Government property maintained? Records should identify purchase date, cost, vendor, description, serial number, location, and ultimate disposition data. Yes\_\_ No\_\_

10. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? YES\_\_ NO\_\_

If yes, please attach a copy of the plan or rate agreement, or provide the URL:

I certify that the information provided above is true and correct.

Signature of Authorized Official

Printed Name & Title

Date



**Attachment 3A**  
Pass Through Entity (PTE) Contacts

Entity Name: **Chicago State University**

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Office of Grants and Research Administration

Address: \_\_\_\_\_

Central Email: \_\_\_\_\_

Administrative Contact Name \_\_\_\_\_ Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Administrative Address: \_\_\_\_\_

Principal Investigator Name \_\_\_\_\_ Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Principal Investigator Address: \_\_\_\_\_

Financial Contact Name \_\_\_\_\_ Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Financial Address: \_\_\_\_\_

Authorized Official Name \_\_\_\_\_ Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Authorized Official Address: \_\_\_\_\_

**Plases send all invoice/s to these Email Addresses:**

\_\_\_\_\_



SUBCONTRACTOR WORKSHEET

The following information is required before a Subrecipient Agreement can be drafted by the Office of Grants and Research Administration for the Principal Investigator's approval. Please be sure that the worksheet is complete, and the information is current and accurate. Please submit the completed worksheet to OGRA at the above address. TYPE OR PRINT YOUR RESPONSES.

<b>Subrecipient Information:</b>					
Name:					
Address:					
City:		State:		Zip Code:	
FEIN		DUNS		Soc. Sec.	N/A
Country (if not USA)		Citizenship Status:			
<b>Grant Award Information:</b>					
CSU PI					
Award No.		Agency			
Title of Project					
CFDA		Project Start Date:		Project End Date:	
<b>Subrecipient Award Information</b>					
Who will be the lead for this project?					
Subcontract Award	\$	Cost Share Dollars	\$	Indirect Costs	\$
<b>Please answer the following questions:</b>					
Will the work be performed on the Subrecipient's site? Yes [ ] No [ ] If No, please state where the work will be performed:					
Will all or part of the work contracted be performed by an entity other than the Subrecipient? Yes [ ] No [ ] If Yes, please give the: Name: Contact information of the outside entity:					

<b>Description of the Services to be Provided</b>
Detailed Scope of Work to be Performed as it should be written in the subcontract. If there is a signed Memorandum of Understanding, please attach to this worksheet. If there are contractors outside of the primary subcontractor, please include their contribution to the scope of work and copies of contractual agreements. (Please attach the information separately if the space below is insufficient): SEE ATTACHED



**Describe the method of compensation. Please be aware that it is the policy of Chicago State University that compensations to Subrecipient be based on documented reimbursable costs. All invoices submitted to Chicago State University 'MUST' be detailed and itemized with all costs supported by documentation and TIME AND EFFORT report.**

Subrecipient Detailed Budget: SEE ATTACHED

**Subrecipient and Chicago State University Principal Investigator acknowledge that they have read the Subcontractor Worksheet Cover Letter and accept the role of CSU as the responsible Fiscal Agent of the grant award and that as Fiscal Agent CSU is responsible for the monitoring of expenses by both the Principal Investigator and Subrecipient as described by the contracted Scope of Work. By signing this worksheet, the Subrecipient agrees to meet and work with the representatives from the Office of Grants and Research Administration to ensure compliance of all federal and/or state regulatory guidelines as it pertains to this award.**

Subcontractor:	-----	-----	-----
	PRINT NAME	SIGNATURE	DATE
CSU PI:	-----	-----	-----
	PRINT NAME	SIGNATURE	DATE



**Attachment 3B**  
Subaward Agreement  
Subrecipient Contacts

Subaward Number:

**Subrecipient Information for [FFATA](#) reporting** Entity's UEI/DUNS Name:

EIN No.:

Institution Type:

Currently registered in SAM.gov:      Yes      No

UEI / DUNS:

Exempt from reporting executive compensation:      Yes      No *(if no, complete 3Bpg2)*

Parent UEI / DUNS:

*This section for U.S. Entities:*      Zip Code [Look-up](#)  
Congressional District:      Zip Code+4:

**Place of Performance Address**

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**Subrecipient Contacts**

Central Email:

Website:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

Financial Contact Name:

Email:

Telephone Number:

Invoice Email:

Authorized Official Name:

Email:

Telephone Number:

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**Legal Address:**

**Administrative Address:**

**Payment Address:**

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**Subrecipient**

Entity Name:

PI Name:

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**Highest Compensated Officers**

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

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Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation: