SIU SCHOOL *of* MEDICINE

SUBRECIPIENT COMMITMENT FORM (for subaward, consortium, subcontract, etc.)

A. PRIME PROPOSAL INFORMATION	
SPONSOR:	FUNDING ANNOUNCEMENT#:
SIU PI NAME:	SIU PROJECT #:
PROJECT TITLE:	

B. SUBRECIPIENT INFORMATION	
1. SUBRECIPIENT'S LEGAL NAME: ADDRESS (include "+ 4" zip code): SAME AS PERFORMANCE SITE?　　YES　　　　NO, see Section G DUNS #:　　　　　　　　　UEI: EIN #: CONGRESSIONAL DISTRICT:	2. SUBRECIPIENT PI: TITLE: DEGREE: eRA COMMONS USERNAME: ADDRESS: PHONE: FAX: EMAIL:
3. SUBRECIPIENT ADMINISTRATIVE/BUSINESS/FINANCIAL CONTACT: TITLE: ADDRESS: PHONE: FAX: EMAIL:	4. SUBRECIPIENT AUTHORIZED OFFICIAL: TITLE: ADDRESS: PHONE: FAX: EMAIL:
5. TYPE OF ORGANIZATION 　For-profit　　　Non-profit　　　Government　　　Individual　　　University	

C. REQUIRED PROPOSAL DOCUMENTS	
Statement of Work	
EXCEL Budget Spreadsheet and Budget Justification PROJECT PERIOD:	TOTAL AMOUNT REQUESTED:
Biographical Sketch for each Key Person　　　　　Letter(s) of Support	
Facilities & Other Resources　　　　　　　　　Other:	

D. APPLICABLE RATES
1. Facilities and Administration (F&A) Rate: _____ % Please check one of the following: 　Subrecipient's federally-negotiated F&A rate for this type of work (If applicable, a copy of the subrecipient's F&A rate agreement must be provided to the SIU School of Medicine before a subaward will be issued.) 　Other rate (Please specify the basis of the rate; e.g. funding agency limit.)

2. Fringe Benefit Rate: _____%

Please check one of the following:

☐ Rate is consistent with or lower than the subrecipient's federally-negotiated fringe benefit rate.

☐ Other rate (please specify the basis for rate calculation):

NOTE: (A copy of the subrecipient's fringe benefit rate agreement must be provided to the SIU School of Medicine before a subaward will be issued.)

E. CONFLICT OF INTEREST

42 CFR Part 50.604 requires that institutions conducting **PHS-funded research** "*Maintain an up-to-date, written, enforced policy on financial conflicts of interest.*" Further, "*if the Institution carries out the PHS-funded research through a subrecipient (e.g., subcontractors or consortium members), the Institution (awardee Institution) must take reasonable steps to ensure that any subrecipient Investigator complies with this subpart by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient's Investigators.*" Check the box next to the statement below that applies to this subrecipient and project:

☐ Subrecipient hereby certifies that it has a conflict of interest policy that complies with 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of the organization/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 conflicts of interest have 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 a resulting agreement.

☐ Subrecipient does not have a conflict of interest policy that complies with 42 CFR Part 50, Subpart F.

Note: The Curators of the SIU School of Medicine will evaluate on a case-by-case basis each proposal including a subrecipient that does not have a conflict of interest policy that complies with 42 CFR Part 50, Subpart F. The Curators of the SIU School of Medicine will not submit to a PHS agency any application including such subrecipients prior to review and resolution.

☐ Not applicable because this project is not funded by the NIH, AHRQ, ATSDR, CDC, FDA, HRSA, IHS, SAMHSA, or any other sponsor that has adopted these federal financial disclosure requirements.

F. CERTIFICATIONS.

1. Human Subjects

Will human subjects be involved in subrecipient's portion of this project?

☐ Yes   ☐ No   If yes, provide Federal Wide Assurance Number

If yes, is the research exempt from federal regulations?   ☐ Yes   ☐ No   If yes, Exemption Number _____

2. Animal Subjects

Will animal subjects be involved in subrecipient's portion of this project?

☐ Yes   ☐ No   If yes, provide Animal Welfare Assurance Number

3. Recombinant DNA:

Will recombinant DNA be involved in subrecipient's portion of this project?

☐ Yes   ☐ No

4. Human Embryonic Stem Cells:

Will human embronic stem cells be involved in the subrecipient's portion of this project?

☐ Yes   ☐ No

If yes, provide the registration number of the specific cell lines

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G. ADDITIONAL PROJECT PERFORMANCE SITE(S).

Organizational Name:

DUNS #:   UEI:

EIN #:

Address:

Congressional District(s):

APPROVED BY 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 (1) are aware of funding agency policy in regard to subawards, (2) are prepared to establish the necessary interinstitutional agreements consistent with those policies, and (3) hereby certify that any personnel who participate in the design, conduct, and/or reporting of PHS-funded research has complied with Financial Conflicts of Interest policy (42 CFR Part 50 Subpart F). Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Subrecipient/Subcontract/ Subaward Institution

Board of Trustees of Southern Illinois University

Grantee Institution

Printed PI Name _____
Department _____

Printed PI Name _____
Department _____

Signature   *Date*

_____ _____

(Subrecipient Institution Signing Official)
Name / Designation

Signature   *Date*

_____ _____

Donald S. Torry, Ph.D.
Associate Dean for Research for
Austin Lane, PhD, Chancellor,
Southern Illinois University