

# Subrecipient Commitment Form

Internal use only:  
GSU # \_\_\_\_\_  
OSPR  
One University Parkway  
Phone: (708) 235-2846  
FAX: (708) 534-8399  
Attn: \_\_\_\_\_

All subrecipients are to complete this form when submitting a proposal to Governors State University. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized institutional representative to sign. The completed form should be submitted to GSU's Sponsored Programs and Research at least 5 working days before the sponsor deadline.

## I. PROPOSAL INFORMATION

Subrecipient Institution Legal Name \_\_\_\_\_

Subrecipient Principal Investigator/Project Director \_\_\_\_\_

GSU Principal Investigator/Project Director \_\_\_\_\_

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

GSU Proposal/Project Title \_\_\_\_\_

Subrecipient Total Funds Requested \_\_\_\_\_

Subrecipient Performance Period From \_\_\_\_\_ through \_\_\_\_\_

## II. ATTACHMENT CHECKLIST

The following documents are included in our subaward proposal submission and covered by the certifications below:

- SUBRECIPIENT COMMITMENT FORM (this form) completed and signed by subrecipient authorized institutional representative (required)
- STATEMENT OF WORK (required)
- BUDGET AND BUDGET JUSTIFICATION (required)
- COPY OF SUBRECIPIENT NEGOTIATED F&A RATE
- COPY OF SUBRECIPIENT NEGOTIATED FRINGE BENEFITS RATES
- SUBRECIPIENT AUDIT CERTIFICATION FORM

## III. Certifications (check all that apply)

1. **Facilities and administrative rates** included in this proposal have been calculated based on the following:

- 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, a copy of your F&A rate agreement must be furnished to GSU's Office of Sponsored Programs and Research.*
- Other rates (Please specify the basis on which the rate has been calculated in Section VI Comments below.)
- Not applicable (No indirect costs are requested by the subrecipient.)

2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:

- Rates consistent with or lower than our federally negotiated rates. *If this box is checked, a copy of your fringe benefit rate agreement must be furnished to GSU's Office of Sponsored Programs and Research.*
- Other rates (Please specify the basis on which the rate has been calculated in Section VI Comments below.)

3. **Cost Sharing**  Yes  No

(Cost sharing amounts if applicable, explanation of sources should be included in the subrecipient's budget.)

4. **Human Subjects**  Yes  No

IRB approval date: \_\_\_\_\_ and IRB number: \_\_\_\_\_

(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 GSU's OSPR, Attn: \_\_\_\_\_, as soon as they become available. This is required before any subaward will be issued.) Please indicate the GSU's principal investigator's name for reference.

If "yes," have all personnel involved completed Human Subjects Training?

Yes  No

5. **Animal Subjects**  Yes  No

IACUC approval date: \_\_\_\_\_ and IACUC number: \_\_\_\_\_

(If "yes," copies of the IACUC approval must be provided before any subaward will be issued. Please forward this document to GSU's OSPR, Attn: \_\_\_\_\_, as soon as it becomes available. This is required before any subaward will be issued.) Please indicate the GSU's principal investigator's name for reference.

6. **Export Controls:** Do you anticipate transporting or shipping any research materials or equipment related to this project outside of the United States?  Yes  No

If yes, approval and additional information may be required before a subaward is issued. Please indicate the GSU's principal investigator's name for reference.

### 7. Conflict of Interest

Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of 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;  (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 any resulting agreement. The subrecipient must notify GSU's Sponsored Programs and Research in a separate letter, signed by an authorized institutional representative of the existence of any conflict of financial interest it identifies of the type covered by 42 CFR50.605 and provide assurance that the interest has been addressed in accordance with the regulations by indicating whether the conflict has either been managed, reduced, or eliminated.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by GSU's policy. A copy of GSU's policy can be requested by sending an email to [ospr@govst.edu](mailto:ospr@govst.edu).

### 8. Ethics in Research Training

Subrecipient institution hereby certifies that all individuals involved in research (e.g., students, postdoctoral fellows, technical personnel, faculty, etc.) will be trained in the responsible and ethical conduct of research.

### 9. Debarment, Suspension, Proposed Debarment

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, please explain in Section VI Comments below.

The Organization certifies that 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 agency.

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

has  (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers, or commissions of contract or subcontract; 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 contract terminated for default by any federal agency.

## IV. Audit Status

Governors State University is subject to the requirements of Office of Management and Budget (OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations*) which requires Governors State University to monitor our grant recipients receiving federal awards to determine whether or not they have met the audit requirements of the circular and are in compliance with federal laws and regulations.

The **Subrecipient Audit Certification Form** has been completed and will be submitted as part of this packet.  Yes  No

## V. Federal Funding Accountability and Transparency Act (FFATA)

### 1. Location of subrecipient

City  State  Country  Congressional District

Note: If primary place of performance is different than Location of Subrecipient, provide location of where project will be performed.

City  State  Country  Congressional District

2. DUNS number of subrecipient receiving award:

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

Note: If yes, please provide DUNS Number and location of parent entity.

City  State  Country  Congressional District  DUNS Number

4. Is Subrecipient currently registered in the **Central Contractor Registration** ([www.ccr.gov](http://www.ccr.gov))?  Yes  No

**VI. Comments (attach additional pages if necessary)**

**VII. APPROVAL**

**APPROVED FOR SUBRECIPIENT:**

The Subrecipient certifies that it is in compliance with all relevant rules and regulations relating to the conduct of this research and that the information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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.

	<b>Date</b>	
<b>Signature of Subrecipient's Authorized Institutional Representative</b>		
<b>Name and Title of Authorized Institutional Representative</b>	<b>Address</b>	
<b>EIN of Subrecipient's Organization/Institution</b>	<b>City, State, Zip</b>	
<b>Email address</b>	<b>Phone</b>	<b>Fax</b>

# Subrecipient Audit Certification Form

Office of Sponsored Programs and Research  
One University Parkway, University Park IL 60484-0975  
Ph (708)534-4980 Fax (708) 534-8399 Email: ospr@govst.edu

TO: SUBRECIPIENTS UNDER GOVERNORS STATE UNIVERSITY AWARDS

RE: OMB CIRCULAR A-133 AUDIT REQUIREMENTS FOR FISCAL YEAR 2011

Our records indicate that your organization was a subrecipient of funds awarded to Governors State University during the past fiscal year, or is currently being considered for receipt of a subcontract under such funds. OMB Circular A-133 requires Governors State University to ensure that your organization is in compliance with the Circular's requirements. **Within 10 days, please complete this form and provide the required information to the address above. This form must be returned before your subcontract can be executed.**

Subrecipient Legal Name

GSU Principal Investigator/Project Director

- We have not yet completed our A-133 audit for Fiscal Year 2012. We will advise you of the results and provide a copy of the audit report within 30 days of its completion on (date):
- We have completed our A-133 audit for Fiscal Year 2012. There were no material weaknesses, no material instances of noncompliance, and no reportable conditions/findings; nor were there any findings related to any subcontracts from Governors State University. **A complete copy of the audit report is enclosed or URL is listed below.**
- We have completed our A-133 audit for Fiscal year 2012. There were material weaknesses, material instances of noncompliance, or reportable conditions/findings. **A complete copy of the audit report is enclosed, including our corrective action plan, or URL is listed below.**
- We are not subject to OMB Circular A-133 because (select all that apply):
- Our organization is for-profit.
  - Our organization expended less than \$500,000 in Federal Awards in Fiscal Year 2011.
  - Our organization is foreign (not formed under U.S. laws), or another exception applies (explain):

**For organizations not subject to OMB Circular A-133: please complete the Audit Certification and Financial Status Questionnaire below and provide your financial statements.**

Your organization's most recently completed fiscal year: from

to

**Audit Certification for your organization's most recently completed fiscal year (respond to A or B below, as applicable):**

A. External independent audits of my organization/company have been completed for my organization's most recently completed fiscal year. **A true, complete, and correct copy of the audit report is attached and hereby provided to Governors State University.**

OR

B. My organization has not been audited by a U.S. Government audit agency or by an independent CPA firm for the most recently completed fiscal year. **True and correct information concerning my organization's finances and fiscal policies is provided in the attached Financial Status Questionnaire and in the attached financial statements covering the fiscal year noted above.**

*If you answered "A" to the Audit Certification above, please attach and send a complete copy of your organization's audit report or URL address.*

*If you answered "B" to the Audit Certification above, please complete and return the attached Financial Status Questionnaire.*

**I certify that the information provided above is accurate and that all audit findings have been disclosed.**

Date

Signature of Subrecipient's Authorized Institutional Representative

Name and Title of Authorized Institutional Representative

Address

Organization Name

City, State, Zip

Email address

URL for audit report

Phone

Fax