



**SUBRECIPIENT COMMITMENT FORM**

**NORTHERN KENTUCKY UNIVERSITY OR  
NORTHERN KENTUCKY UNIVERISTY RESEARCH FOUNDATION**

All subrecipients are required to complete the Subrecipient Commitment Form and provide the signature of the authorized organizational representative. A checklist of subrecipient documents is available in Section C of this form.

NKU/NKURF PI \_\_\_\_\_ email \_\_\_\_\_

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

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

**SECTION A: SUBRECIPIENT & CONTACT INFORMATION**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_

Address where research will be performed \_\_\_\_\_

Subrecipient UEI number: \_\_\_\_\_ Subrecipient EIN number: \_\_\_\_\_

Is Subrecipient currently registered in the System for Award Management (SAM)/Central Contractor Registration (CCR)?  
 Yes  No

Performance Period Start \_\_\_\_\_ End Date \_\_\_\_\_

Fiscal Year Dates: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Type of Organization  University  Other Non-profit  Industry/For-profit  Other: \_\_\_\_\_

**SECTION B: SUBRECIPIENT ELIGIBILITY**

- 1.  Yes  No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?
- 2.  Yes  No Is your PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
- 3.  Yes  No Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
- 4.  Yes  No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by a federal agency?

*\*Attach an explanation for any "Yes" answer to questions 1-4 above*

## **SECTION C: CERTIFICATION**

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

- Subrecipient's federally negotiated F&A rate for this type of work (If this box is checked, a copy of your F&A rate agreement must be furnished before a subaward can be issued).
- Other rate (Please specify the basis on which the rate has been calculated in Section E Comments below.)

### **2. Required to comply with the OMB Uniform Guidance Subpart F – Audit Requirements:**

**Does your organization receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133)?**  Yes  No

Yes  No Has your organization's Uniform Guidance §200.514 (formerly A-133) audit been completed for the most recent fiscal year?

Yes  No Were there any findings or exceptions noted? If "Yes" attach an explanation.

### **3. Conflict of Interest**

Subrecipient Organization certifies that it has an active and enforced conflict of interest policy at least as rigorous as 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures will be 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 financial 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 expenditures of any funds under any resultant agreement and within a manner sufficient to enable timely FCOI reporting.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to follow NKU's policy. NKU's policy can be found at:  
<https://inside.nku.edu/content/dam/policy/docs/Policies/Conflict%20of%20Interest.pdf>

By signing below, Subrecipient certifies that the required training related to Conflict of Interest will be completed by all key personnel prior to engaging in any research related to any federally funded award. For those following NKU's policy, the training may be accessed by accessing the CITI training program at <http://www.citiprogram.org>. Select "Affiliate with an organization" and select Northern Kentucky University to access the training.

4. Human Subjects  Yes  No

If Yes, copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward can be issued. Please return the IRB approval and Informed Consent form as an attachment to this form.

If Pending, please forward these documents to the NKU Research, Grants & Contracts Office (email: [IRB@nku.edu](mailto:IRB@nku.edu)) as soon as they become available. Please indicate the Principal Investigator's name and subcontract number for reference.

5. Animal Subjects  Yes  No

If Yes, a copy of the IACUC approval must be provided before any subaward will be issued.

6. Cost-sharing  Yes  No

(If applicable, cost-sharing amounts and explanation of sources should be included in the subrecipient's budget. Please note that an annual verification of cost-share commitment will be required.)

7. Documents/Attachments Included with this submission:

- a. Scope of Work
- b. Detailed Budget
- c. Budget Justification
- d. Letter of Intent

**SECTION D: COMMENTS**

Insert comments here, attach additional pages if necessary:

**SECTION E: SUBRECIPIENT 'S AUTHORIZED OFFICIAL REPRESENTATIVE (AOR) APPROVAL**

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized official representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that: (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization's own risk, and b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name and Title of Authorized Official Representative**

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

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

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_