

## 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:	2. SUBRECIPIENT PI:		
ADDRESS (include "+ 4" zip code):	TITLE: DEGREE: Era COMMONS USERNAME: ADDRESS:		
SAME AS PERFORMANCE SITE? YES NO, see Section G	PHONE:		
DUNS #:	FAX:		
EIN#:			
CONGRESSIONAL DISTRICT:	EMAIL:		
3. SUBRECIPIENT ADMINISTRATIVE/BUSINESS/FINANCIAL CONTACT	4. SUBRECIPIENT AUTHORIZED OFFICIAL:		
TITLE:	TITLE:		
ADDRESS:	ADDRESS:		
PHONE:	PHONE:		
FAX:	FAX:		
EMAIL:	EMAIL:		
5. TYPE OF ORGANIZATION For-profit Non-profit Government Individual	University		
C. REQUIRED PROPOSAL DOCUMENTS			
Statement of Work	T		
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. ADDUGABLE DATES			
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.)			

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2. Fringe Benefit Rate:% Please check one of the following:				
Rate is consistent with or lower than the subrecipient's fee	derally-negotiated fringe henefit rate			
Other rate (please specify the basis for rate calculation):	derany-negotiated fringe benefit rate.			
Other rate (please specify the basis for rate calculation).				
NOTE: (A copy of the subrecipient's fringe benefit rate agreem will be issued.)	nent must be provided to the SIU School of Medicine before a subaward			
E. CONFLICT OF INTEREST				
financial conflicts of interest." Further, "if the Institution carr, subcontractors or consortium members), the Institution (awar subrecipient Investigator complies with this subpart by incorporate in the complex of	dee Institution) must take reasonable steps to ensure that any orating as part of a written agreement with the subrecipient terms that are awardee Institution or that of the subrecipient will apply to the			
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 o Yes No If yes, provide Federal Wide Assurance If yes, is the research exempt from fe	e 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				
G. ADDITIONAL PROJECT PERFORMANCE SITE(S).				
Organizational Name:	Organizational Name:			
DUNS #:	DUNS #:			
EIN #:	EIN #:			
Address:	Address:			
Congressional District(s):	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  Printed PI Name  Department		Board of Trustees of Southern Illinois University  Grantee Institution  Printed PI Name Department	
(Subrecipient Institution Signing Official) Name / Designation		Donald S. Torry, Ph.D. Interim Associate Dean for Research for Carlo Montemagno, PhD, Chancellor Southern Illinois University	