

## 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	a CURRECIPIENT DI		
1. SUBRECIPIENT'S LEGAL NAME:	2. SUBRECIPIENT PI:		
	TITLE:		
ADDRESS (include "+ 4" zip code):	DEGREE: Era COMMONS USERNAME:		
	ADDRESS:		
	THE STREET		
SAME AS PERFORMANCE SITE? YES NO, see Section G	PHONE:		
DUNS #:	FAX:		
EIN #:	TAA.		
CONGRESSIONAL DISTRICT:	EMAIL:		
3. SUBRECIPIENT ADMINISTRATIVE/BUSINESS/FINANCIAL CONTACT:	4. SUBRECIPIENT AUTHORIZED OFFICIAL:		
TITLE:	TITLE:		
ADDRESS:	ADDRESS:		
PHONE:	PHONE:		
FAV.	FAV		
FAX:	FAX:		
EMAIL:	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:		
	<u> </u>		
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.)			
State rate process specify the basis of the rate, e.g. rulluling agency little.			

2 Friend Boureft Boton			
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		
or through a resulting agreement and required by its conflict of			
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  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 Assura	nce 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 subrecip	ient'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		Board of Trustees of Southern Illinois University  Grantee Institution	
Printed PI Name Department		Printed PI Name Department	
Signature	Date	Signature	Date
(Subrecipient Institution Signing Official) Name / Designation		Donald S. Torry, Ph.D. Associate Dean for Research for J. Kevin Dorsey, MD, PhD, Interim President Southern Illinois University System	