

**COLORADO STATE UNIVERSITY – PROPOSAL SUBRECIPIENT COMMITMENT**

Please complete and return with the required proposal documents: Scope of Work, budget, and budget justification

<b>TO BE COMPLETED BY CSU</b> (please complete before sending to subrecipient):			
CSU ('prime') Sponsor			
CSU Proposal (KR PD) #		SP Team # & Contact Name	
CSU Principal Investigator			
CSU Dept. Proposal Contact			
<b>To be completed by proposed subrecipient:</b>			
SUBRECIPIENT INSTITUTION			
PRINCIPAL INVESTIGATOR (name & email):			
ADMINISTRATIVE CONTACT (name & email):			
<b>** IF FUNDED, SEND AWARD DOCUMENTS TO (email address):</b>			
INSTITUTIONAL ADDRESS WITH <b>ZIP+4</b> :		PERFORMANCE SITE ADDRESS WITH <b>ZIP+4</b> :	
CONGRESSIONAL DISTRICT - INSTITUTION		CONGRESSIONAL DISTRICT - PERFORMANCE SITE	
DUNS	SAM UEI	SAM.gov expiration date	EIN
PROJECT TITLE			
<b>NOTE: Period of performance &amp; budget information may need to be revised upon receipt of an award for this proposal.</b>			
PERIOD OF PERFORMANCE		TOTAL REQUESTED AMOUNT	Direct Costs \$
<i>to</i>		\$	F&A \$
<b>Do you have a Negotiated Indirect Costs Rate Agreement with a U.S. cognizant agency (e.g., ONR, DHHS, etc.)? ‡</b>			
YES: Provide the URL or a copy with this form:			
NO: Unless other restrictions or sponsor conditions exist, the Uniform Guidance (2 CFR 200.331(a)(4)) <i>de minimus</i> 10% MTDC indirect costs rate will apply.			
‡ Where the sponsor or funding opportunity restricts indirect costs, the proposed budget should use the sponsor/opportunity rate.			
Cost Sharing: YES Amount: \$			
(If applicable, cost sharing amounts and justification must be included in the Subrecipient's budget)			
<b>REQUIRED SUBRECIPIENT CERTIFICATIONS</b>			
<b>AUDIT:</b> Is Subrecipient subject to Uniform Guidance 2 CFR 200.331 Subpart F--Audit Requirements?			
YES: Most recent fiscal year audit completed:			
NO: CSU requires Subrecipient to complete a financial status questionnaire as well as a limited scope audit before a subaward will be issued.			
<b>FCOI:</b> Institution has implemented a written policy for Investigator Financial Disclosure and Conflict of Interest (FCOI) consistent with agency requirements.			Yes No N/A
<b>RCR:</b> Institution certifies that a Responsible Conduct of Research (RCR) Training Plan is in place consistent with agency requirements.			Yes No N/A
Subrecipient or Subrecipient Principal Investigator Debarred or Suspended			Yes No
Human Subjects	Yes No	If Yes: FWA#	Human Stem Cells Yes No
Animal Subjects	Yes No	If Yes: Assurance#	Animals Euthanized? Yes No

The appropriate program and administrative personnel of the institution involved in this application are aware of the sponsoring agency's guidelines and are prepared to enter into good faith negotiations to establish the necessary inter-institutional agreement(s). The institution makes all applicable assurances/certifications.

**Authorized Representative Signature**

(a person authorized to submit proposals on behalf of your organization)

Printed Name and Title:

(required)

Date

Phone #: