

NAU SUBRECIPIENT COMMITMENT FORM

Any organization planning to enter into a subrecipient relationship with Northern Arizona University (NAU) must complete this form at the proposal stage. Please email the completed form and required proposal documents to the NAU PI and the Office of Sponsored Projects (OSP) contact listed below.

SECTION A. NAU Information to be completed by NAU PI.	
Proposal Title:	
Prime Sponsor:	
Solicitation #:	
NAU Principal Investigator (PI):	
PI Phone:	PI Email:
OSP Contact Name:	
OSP Contact Phone:	OSP Contact Email:

SECTION B. Subrecipient Information	
Subrecipient Legal Name:	Subrecipient Principal Investigator:
Address:	Address:
DUNS:	Email:
EIN:	Phone:
Administrative Contact Name <i>(responsible for subaward processing)</i> :	
Address:	Administrative Contact Email:
	Administrative Contact Phone:

Yes **No** Is the subrecipient organization, its Principle Investigator, officials, or any other employee or student participating in this project presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency?

Yes **No** The subrecipient is currently registered in System for Award Management (SAM) and will keep registration current throughout the life of the award.

If “**No**” and federal funding: Organizations that have NOT registered with SAM will need to obtain a DUNS number first and then access the [SAM online registration](#). Subrecipient must maintain their current information in SAM. No subaward will be reissued until SAM registration is complete.

SECTION C. Required Documents

The following documents are included in subrecipient subaward proposal submission and covered by certifications in SECTION D.

STATEMENT OF WORK (REQUIRED – Please attach to this form with submission) Includes work to be performed, project description, PI, period of performance, reports, deliverables, milestones.

DETAILED BUDGET and **BUDGET JUSTIFICATION** (REQUIRED – Please attach to this form with submission) Includes budget for entire length of project and broken down by budget period; and budget justification with reasonable level of detail.

SECTION D. Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

Our federally-negotiated F&A rate for this type of work is _____ (Enter F&A rate)
(If this box is checked, attached a copy of your F&A rate agreement or provide a link to the agreement below)

URL:

My organization has used the Sponsor’s published limited F&A cap.

My organization is not requesting any F&A

My organization does not have a federally negotiated F&A rate and is requesting an F&A rate of _____

IMPORTANT: If your organization is receiving funding under a federal award and you do not have a federally negotiated F&A rate, your organization can only include a maximum rate of 10% on Modified Total Direct Costs.

2. **Conflict of interest** (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements as defined in 42 CFR part 50 Subpart F and 42 CFR part 94)

Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc), or any other sponsor that has adopted the federal financial disclosure requirements

Subrecipient is registered in the FDP Clearinghouse indicating compliance with the provision of 42 CFR part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research and 42 CFR part 94

<i>Conflict of interest continued</i>		
<input type="checkbox"/>	Subrecipient is not registered in the FDP Clearinghouse, but certifies that is 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" and 45 CFR Part 94 "Responsible Prospective Contractors." <ul style="list-style-type: none"> ○ Register policy on FDP website OR ○ Provide to NAU a copy of the policy for NAU's review 	
<input type="checkbox"/>	Subrecipient does not have an active and/or enforced Conflict of Interest policy, but will have a PHS compliant policy in place and published at the time of award.	
<input type="checkbox"/>	Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to adopt NAU's policy. NAU's COISP policy can be found at the university policy library	

SECTION E. Project-Specific Requirements		
1. Human Subjects:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If Yes: Copies of the Institutional Review Board (IRB) or Ethics Committee approval and approved "Informed Consent" form must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to NAU's Principal Investigator as soon as available.		
<input type="checkbox"/> If "Yes" and NIH funding is involved: Have all key personnel involved completed Human Subjects Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: All key personnel engaged in human subject research must take the NIH human subjects training or human subjects research training (NIH human subjects FAQs)		
2. Animal Subjects:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" : A copy of the IACUC Committee approval must be provided before any subaward will be issued. If pending , obtain approval as required and forward these documents to NAU's PI as soon as available.		

SECTION F. Audit (A-133)

1. Single Audit Report Link:

We have completed our A-133 Single Audit for fiscal year ending _____

Our A-133 Single Audit for fiscal year ending _____

Is not anticipated to be complete until _____

Within thirty days of completion, we will amend and resubmit this certification with any required documentation.

We **are not subject** to the provisions of OMB Circular A-133 because our organization:

Expends less than \$750,000 in federal awards annually

Is a non-U.S. entity

Is a for-profit entity

Other:

SUBRECIPIENT AUTHORIZED APPROVER: THIS SECTION MUST BE COMPLETED

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 are aware of agency policy 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.

(Signature of Subrecipient's Authorized Official)

DATE

(Type or print name and title of Authorized Official)

Phone:

Email: