**NICHOLLS STATE UNIVERSITY**

Research Subrecipient Commitment Form

SUBRECIPIENT CONTRACTS

All subrecipients are required to complete the Subrecipient Commitment Form and provide the signature of the authorized organizational representative, prior to submission of the proposal.

**Section A- Contact Information**

Subrecipient Legal Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Subrecipient PI Name: Click or tap here to enter text.

Address where research will be performed: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Proposal Title: Click or tap here to enter text.

Performance Period Begin Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Subrecipient Funds Requested: Click or tap here to enter text. Subrecipient Congressional District: Click or tap here to enter text.

Subrecipient DUNS Number: Click or tap here to enter text. Subrecipient EIN: Click or tap here to enter text.

Is Subrecipient currently registered in SAM: Click or tap here to enter text.

Nicholls State University PI Name: Click or tap here to enter text.

Prime Sponsor: Click or tap here to enter text.

**Section B- Required Proposal Documents**

Statement of Work  attached

Budget and Budget Justification in agency required format  attached

**Section C- Certifications and Assurances**

Subrecipient’s federally negotiated F&A rate agreement  attached

Human Subjects wavier or FWA number if applicable to the award  attached

Animal Subjects waiver or IACUC Assurance Number if applicable to the award  attached

Cost Sharing Amount: Click or tap here to enter text. (If applicable to the award)

Subrecipient’s Conflict of Interest Form  attached

Has the institution or any principal investigators or others involved in the project been suspended, disbarred or otherwise ineligible to participate in governmental programs?  Yes  No

Subrecipient’s most recent fiscal year audit or include URL: Click or tap here to enter text.

**Section D- Other Contact Information**

Administrative Contact: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Email address: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Financial Contact: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Email address: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Authorized Official: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Email address: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

**Approved by Subrecipient:**

**The information, certifications and representations above have been read and approved 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 regards to subawards and are prepared to establish the necessary inter-institutional agreements consistent with these policies. Any work begun and/or expenses incurred prior to full execution of a subaward agreement are at the Subrecipient’s own risk.**

**Signature Authorized Official/ Date**

