## COLORADO STATE UNIVERSITY PUEBLO - PROPOSAL SUBRECIPIENT COMMITMENT

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

<u> </u>				·				
To be completed by CSUP (please	e com	plete <b>be</b>	<b>fore</b> sending to su	brecipient):				
Prime Sponsor								
Short Title		Proposal Reference	ce #					
CSUP Principal Investigator								
CSUP Alternate Contact								
To be completed by proposed sul	brecij	pient:						
SUBRECIPIENT INSTITUTION								
PRINCIPAL INVESTIGATOR (name	& en	nail):						
ADMINISTRATIVE CONTACT (nam	ne & e	mail):						
INSTITUTIONAL ADDRESS WITH 2	:		PERFORMANCE SIT	E ADDRESS WITH Z	IP+4:			
CONGRESSIONAL DISTRICT - OR	1		CONGRESSIONAL DISTRICT-PE			IE		
DUNS# EIN#					SAM.gov expiration da	ite		
PROJECT TITLE								
NOTE: Period of performance		dget in	<u> </u>		-	for this	proposa	<i>11.</i>
PERIOD OF PERFORMANCE			TOTAL SUBRECIPIENT COSTS		Direct Costs \$			
to \$				a U.S. cognizant agen	F&A \$			
YES: Provide the URL or a copy NO: Unless other restrictions or indirect costs rate will apply there the sponsor or funding oppost Sharing: YES Amount (If applicable, cost sharing amount)	spon /. oortun t: \$	sor cond	ditions exist, the Un	ect costs, those take pr	recedence.	ninimus 1	0% MTD	С
(ii applicable, cost sharing amount	s anu	-		IENT CERTIFICATION				
AUDIT: Is Subrecipient subject to U YES: Most recent fiscal year au NO: CSU requires Subrecipient be issued.	dit co	n Guidar mpleted	nce 2 CFR 200.33	1 Subpart FAudit Req	uirements?	before a	subawar	d will
<b>PHS/NIH, NSF</b> : Institution has implemented a written policy for Investigator Final Conflict of Interest consistent with agency requirements.					osure and	Yes	No	N/A
<b>NSF</b> , <b>USDA-NIFA</b> : Institution certifies that a Responsible Conduct of Research (RCR) Training Plan is in place consistent with agency requirements.							No	N/A
Subrecipient or Subrecipient Principal Investigator Debarred or Suspended							Yes	No
Human Subjects Yes	No	If Yes: I	FWA#		Human Stem Ce	ells	Yes	No
Animal Subjects Yes	No	If Yes:	Assurance#		Animals Euthaniz	zed?	Yes	No
The appropriate program and admini guidelines and are prepared to enter makes all applicable assurances/cert	into g	ood faitl						
Authorized Representative Signat	ture				 Date			
(a person authorized to submit p. Printed Name and Title:	ropos	als on b	ehalf of your orgar	nization)	Phone #:			
i ilitou ivallio and fillo.					1 11011 <del>6</del> #.			

Created: 02/15/2021