COLORADO STATE UNIVERSITY PUEBLO - PROPOSAL SUBRECIPIENT COMMITMENT

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

· · · · · · · · · · · · · · · · · · ·			' '	·	, , ,			
To be completed by CSL	IP (please co	nplete be	fore sending to su	brecipient):				
Prime Sponsor								
Short Title				Proposal Reference	ce #			
CSUP Principal Investigate	or							
CSUP Alternate Contact								
To be completed by prop	osed subred	ipient:						
SUBRECIPIENT INSTITU	TION							
PRINCIPAL INVESTIGATO	OR (name & e	email):						
ADMINISTRATIVE CONTA	ACT (name &	email):						
INSTITUTIONAL ADDRESS WITH ZIP+4:				PERFORMANCE SITE ADDRESS WITH ZIP+4;				
		CONGRESSIONAL DISTRICT-PERFORMANCE SITE						
CONGRESSIONAL DISTRICT - ORGANIZATION							IE.	
UEI# EIN#					SAM.gov expiration da	ie		
PROJECT TITLE								
W077 D								
-		udget in	<u> </u>	eed to be revised upor	-	for this	proposa	1/.
PERIOD OF PERFORMANCE			TOTAL SUBRECIPIENT COSTS		Direct Costs \$			
bo you have a Negotiated Indirect Costs Rate Agreement with a U.S. cognizant agency					F&A \$			
NO: Unless other rest indirect costs rate # Where the sponsor or fu Cost Sharing: YES (If applicable, cost sharin	will apply. nding opportu Amount: \$	nity has r	estrictions on indir	·	recedence.	ninimus 1	0% MTD	С
(II applicable, cost shariff	g amounts an	-		IENT CERTIFICATION				
AUDIT: Is Subrecipient su YES: Most recent fisca NO: CSU requires Sul be issued.	al year audit c	m Guidaı ompleted	nce 2 CFR 200.33		uirements?	before a	subawar	d will
PHS/NIH, NSF: Institution Conflict of Interest consists	stigator Financial Discl	osure and	Yes	No	N/A			
NSF, USDA-NIFA: 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:	FWA#		Human Stem Ce	ells	Yes	No
Animal Subjects	Yes No	If Yes:	Assurance#		Animals Euthaniz	ed?	Yes	No
The appropriate program al guidelines and are prepared makes all applicable assura	d to enter into	good fait						
Authorized Representati	ve Signature				 Date			
(a person authorized to		sals on b	ehalf of your orgar	nization)				
Printed Name and Title:					Phone #:			

Created: 02/15/2021