



Western Kentucky University
Office of Sponsored Programs
1906 College Heights Blvd., #11026
Bowling Green, KY 42101
(270) 745-4652 / Fax: (270) 745-4211
www.wku.edu/sponsoredprograms

Subrecipient Commitment Form

All subrecipients are required to complete the Subrecipient Commitment Form and provide the signature of the authorized organizational representative. Please submit this form and all applicable attachments to _____ by:

Section A – Western Kentucky University Information

Western Kentucky University (WKU) UEI #:	
Western Kentucky University (WKU) Principal Investigator:	
WKU PI's Email Address:	WKU Internal Proposal #:

Section B – Project Information

Prime Sponsor:	
Project Title:	
Project Begin Date:	Project End Date:
Subrecipient Requested Budget:	
Is the Subrecipient committing Cost Share to the project? YES NO If yes , Subrecipient Cost Share Amount: <i>Note: Cost sharing amounts and explanation of sources should be included in the subrecipient's budget. Annual verification of cost-share commitment will be required.</i>	
The following documents are required for proposal submission: Budget and Budget Justification (if R&R or Modular Budget form required, include as appropriate) Subrecipient Commitment Form (<i>this form</i>) – completed and signed by an authorized representative Statement of Work Biographical Sketch Letter of Commitment/Collaboration Other:	
Subrecipient Human Subjects? YES NO If yes , copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward can be issued. Please return the IRB approval and Informed Consent form as an attachment to this form. If pending , please forward these documents to the WKU Office of Sponsored Programs (email: sponsored.programs@wku.edu) as soon as they become available. Please indicate the WKU Principal Investigator's name and subcontract number for reference.	
Subrecipient Animal Subjects? YES NO If yes , a copy of the IACUC approval must be provided before any subaward will be issued.	

Section C – Subrecipient Organization Information

Subrecipient Legal Name:	
Subrecipient Legal Address:	
Subrecipient UEI #:	Subrecipient EIN #:
Subrecipient Fiscal Year Dates:	Subrecipient Congressional District:
Type of Organization (select one): If other, describe:	
Organization Classification (select if appropriate): If other (or multiple), describe:	
Is the Subrecipient registered in the System for Award Management (www.sam.gov)? YES NO	
Is the Subrecipient owned or controlled by a parent entity? YES NO If yes , please provide the legal name, UEI, and address, and Congressional District of the parent entity:	

Section D – Performance Site Location

Is the performance location the same as Section C above? YES NO If yes , skip this section. If no , please complete the fields below.	
Performance Location Name:	
Performance Location Address:	
Performance Location UEI #:	Performance Congressional District:

Section E – Grant Management Contacts

Subrecipient Principal Investigator (PI):	
Subrecipient PI Email Address:	Subrecipient PI Phone:
Administrative Contact Name:	
Administrative Contact Email:	Administrative Contact Phone:
Administrative Address:	
Financial Contact Name:	
Financial Contact Email:	Financial Contact Phone:
Payment Address:	
Central Email for Award Communication (if applicable):	

Section F – Comments

Please provide additional information or comments below (attached additional pages as necessary):

Section G – Certifications

Are Facilities and Administrative (F&A) costs included in the subrecipient budget request? YES NO If no , please skip this section. If yes , please indicate one of the following: Subrecipient has a federally negotiated F&A rate. Rate % and Type: Attach a copy of rate agreement or provide URL link: Other rates used. Rate % and Type: Description:
Subaward is exempt from reporting executive compensation: YES NO
Subrecipient has an annual audit in accordance with single audit requirements in 2 CFR 200: YES NO If yes , please indicate: Audit is available on the Federal Audit Clearinghouse under legal name and EIN: Most recent audit report URL link: If no , please explain or describe if subrecipient is not required to have a single audit required in 2 CFR 200:
Subrecipient organization certifies that it 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 Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors": YES NO If no , by signing this commitment form, subrecipient agrees to follow WKU's policy if required by WKU.
Is the subrecipient or any individuals participating in this project presently debarred, suspended, proposed for debarment, or deemed ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contracts, or activities? YES NO If yes , please explain:
Subrecipient certifies that all senior/key personnel and covered individuals contributing to this project have completed annual Research Security Training in accordance with Section 10634 of the CHIPS and Science Act (42 U.S.C. § 19234) and applicable federal agency requirements (e.g., NSF, NIH, DOE, USDA, etc.). YES NO If no, please explain:

Section H – Approvals

The information, certifications, and representations above have been read, signed, and made by an authorized organizational representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies regarding 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.	
Name and Title of Authorized Organizational Representative (AOR):	
AOR Email:	AOR Phone:
AOR Address:	
AOR Signature:	Date: