



SUBRECIPIENT COMMITMENT FORM – PART II

Northern Illinois University is developing a subaward with your organization. Please complete this form and return to the NIU PI and Sponsored Programs Administration representative named in Part I of the form (completed upon proposal submission). Contact us at 815-753-1581 or asosp@niu.edu with questions.

REQUIRED DOCUMENTS

Documents check-marked in this list are required prior to issuance of a subaward. Please note that no work involving human subjects can begin prior to securing IRB approval, and no work involving animal subjects can begin prior to securing IACUC approval.

- ☐ **Revised budget and justification**
- ☐ **Revised statement of work**
- ☐ **IRB approval or agreement to participate in reciprocity agreement with NIU**
- ☐ **Documentation certifying key personnel completion of Human Subjects Training as directed under Public Health Service (PHS)**
- ☐ **IACUC approval**
- ☐ **Other support documentation**
- ☐ **OTHER:**

AUDIT STATUS / FISCAL RESPONSIBILITY

1. Did your organization undergo a federal compliance audit for your most recent fiscal year in accordance with Uniform Guidance (2 CFR, §200.500)?
 - ☐ No (Please skip to question 3)
 - ☐ Yes (Fiscal year:)
2. Did this latest audit result in findings?
 - ☐ No
 - ☐ Yes (Please explain below)

2.b. My organization was determined to be a

 - ☐ High risk auditee
 - ☐ Low risk auditee

2.c. Please provide a link to your most recent certified federal compliance audit:
3. Please indicate why your organization is not subject to federal compliance audit requirements:
 - ☐ My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
 - ☐ My organization is a foreign entity.
 - ☐ My organization is a for-profit entity.
 - ☐ My organization is a U.S. government entity.

4. If your organization did not have a federal compliance audit covering your most recently completed fiscal year, please answer the questions below:
- a. Does your organization have financial statements reviewed by an independent public accounting firm annually?
- ☐ No
☐ Yes
- If yes, were there any significant findings related to the management of funds?
- ☐ No
☐ Yes (Please explain below)
- b. Does your organization have an established accounting system that can ensure that Federal funds are separately accounted for and managed under Uniform Guidance (2 CFR 200 Post-Federal Award Requirements)?
- ☐ No
☐ Yes
- c. If you are requesting recovery of indirect costs, AND your organization has never had a federally negotiated indirect cost rate, does your accounting system permit allocation of non-project-specific operating costs separately from direct project costs?
- ☐ No
☐ Yes
- d. Does your organization have an established procurement system to ensure that federal funds used for procurement and other contracting activities are managed according to Uniform Guidance (2 CFR 200) Procurement Standards?
- ☐ No
☐ Yes
- e. Does your organization have a system to control and oversee paid time charged to externally funded projects?
- ☐ No
☐ Yes
- f. Does your organization have established procedures to oversee and control property purchased with external funds?
- ☐ No
☐ Yes

AUTHORIZED REPRESENTATIVE APPROVAL

APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk. No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

Subrecipient Authorized Official Signature

Date: _____

Authorized Official Name and Title

Email: _____

Phone: _____

Fax: _____