

## Illinois Institute of Technology (IIT) Proposal Information

Name of IIT PI: \_\_\_\_\_ IIT Department: \_\_\_\_\_

IIT OSRP #: \_\_\_\_\_ Prime Sponsor: \_\_\_\_\_

Solicitation #: \_\_\_\_\_

IIT Proposal Title: \_\_\_\_\_

IIT Period of Performance: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Subrecipient Information — To be completed by the Subrecipient prior to submission to SPO

Subrecipient Legal Name: \_\_\_\_\_

Subrecipient Organization Type: ☐ University ☐ Other Non-profit ☐ Industry/For-profit ☐ Other \_\_\_\_\_

Subrecipient PI Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_ Cost Share: ☐ Yes ☐ No Amount of cost share committed: \$ \_\_\_\_\_

\*\*Organization's Address: Include ZIP Code +4 or other postal code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUNS #: \_\_\_\_\_

(Dun & Bradstreet)

Congressional District (if in U.S.): \_\_\_\_\_

Performance Site's Address (if different from above):

Include ZIP Code +4 or other postal code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Performance Site's Congressional District

(if different from above and in U.S.):

\_\_\_\_\_

Domestic Organizations:

Federal Employer Identification number (EIN): \_\_\_\_\_ NAIS Code: \_\_\_\_\_

Registered in SAM\*? ☐ Yes ☐ No Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (North American Industry Classification System)

CAGE code: \_\_\_\_\_ (NCAGE) Code: \_\_\_\_\_

(Commercial and Government Entity)

\*Federal regulations require that recipients of federal financial assistance must be registered at SAM.gov.

\*\* Is Subrecipient owned or controlled by a parent entity? ☐ Yes ☐ No (If "yes" please provide the above information as an attachment)

## Subrecipient Eligibility — To be completed by the Subrecipient prior to submission to SPO

- ☐ Yes ☐ No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?
- ☐ Yes ☐ No Is your PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
- ☐ Yes ☐ No Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
- ☐ Yes ☐ No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

## SECTION A — Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> STATEMENT OF WORK (required)                                | <input type="checkbox"/> Indirect cost rate agreement (required)            |
| <input type="checkbox"/> BUDGET AND BUDGET JUSTIFICATION (required)                  | <input type="checkbox"/> Facilities, Equipment and other Research Resources |
| <input type="checkbox"/> Biosketches of all Key Personnel, in agency-required format | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Current and pending support of all Key Personnel            | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Consortium Letter   | <input type="checkbox"/> Other _____  |

## SECTION B — Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:
- ☐ Our federally negotiated F&A rates for this type of work. (Attach a copy of your F&A rate agreement or provide a link.)  
URL: \_\_\_\_\_
- ☐ 10% MTDC De Minimis F&A rate per 2 CFR 200.
- ☐ Other rates (Attach a description of the basis on which the rate has been calculated). *Please note IIT will not act as a cognizant agency to negotiate indirect cost rates with subrecipients.*
- ☐ Not applicable (Subrecipient is not requesting payment of F&A costs.)
2. **Fringe Benefit Rates** included in this proposal have been calculated based on:
- ☐ Rates consistent with or lower than our federally-negotiated rates  
(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)
- ☐ Other rates (please specify the basis on which the rate has been calculated in Section D Comments below).
- ☐ We do not have a federally negotiated fringe benefit rate and have applied actual fringe benefit rates (Please provide detailed information)
3. **Small Business Concern** ☐ Yes ☐ No  
Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.
- If "Yes":** Subrecipient represents that it is a:
- ☐ Small disadvantaged business as certified by the Small Business Administration
- ☐ Women-owned small business concern
- ☐ Veteran-owned small business concern
- ☐ Service-disabled veteran-owned small business concern
- ☐ HUBZone small business concern
4. **Human Subjects** ☐ Yes ☐ No Approval Date: \_\_\_\_\_ IRB #: \_\_\_\_\_
- If "Yes":** Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to IIT's PI and IIT's Office of Sponsored Projects as soon as they become available.
- If "Yes":** Have all key personnel involved completed Human Subjects Training? ☐ Yes ☐ No

5. **Animal Subjects** ☐ Yes ☐ No Approval Date: \_\_\_\_\_ IRB #: \_\_\_\_\_

If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to IIT's PI and IIT's Office of Sponsored Research as soon as it becomes available.

6. **Institutional Biosafety Committee** ☐ Yes ☐ No Approval Date: \_\_\_\_\_ IRB #: \_\_\_\_\_

If "Yes": A copy of the IBC approval must be provided before any subaward will be issued. Please forward this document to IIT's PI and IIT's Office of Sponsored Research as soon as it becomes available.

7. **Export Control** ☐ Yes ☐ No

If "Yes," please describe the nature of the control:

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Further review is required; please contact OSRP by email to [osrp@iit.edu](mailto:osrp@iit.edu) or by phone to (312) 567-3035.

8. **Responsible Conduct of Research (RCR) (for NSF-funded projects only):**

☐ Yes ☐ No My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.

9. **Conflict of Interest:** (Please respond to each of the following federal agency requirements separately.)

**NSF only (or other sponsors that have adopted the NSF financial disclosure requirements)** (check as applicable):

☐ Subrecipient certifies that it does have an active and enforced conflict of interest policy (COI) that is consistent with the *National Science Foundation Investigator Disclosure Policy*. Subrecipient also certifies that, to the best of its knowledge, all financial disclosures related to the activities that may be funded by or through a resulting agreement were made in accordance with its conflict of interest policy before its proposal was submitted to Illinois Institute of Technology.

**PHS only (or other sponsors that have adopted the PHS financial disclosure requirements)** (check as applicable):

☐ Subrecipient certifies that it does have a PHS-compliant Financial Conflict of Interest (FCOI) policy that is consistent with provision 42 CFR Part 50, subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors" and is registered as an organization with a PHS-compliant FCOI policy with the [FDP FCOI Clearinghouse](http://www.fdp.gov/fdp/fcoi-clearinghouse). Subrecipient certifies that it will rely on this policy to comply with PHS Conflict of Interest regulations, and that, to the best of its knowledge, all financial disclosures required by its conflict of interest policy and related to the activities that may be funded by or through a resulting agreement were made before its proposal was submitted to Illinois Institute of Technology.

☐ **All other Federal Agencies.** The subrecipient agrees to follow 2 CFR 200.112 and all federal sponsor requirements for COI.

☐ Subrecipient does not have an active and/or enforced COI policy, but will have a PHS compliant policy in place and published at the time of award. (A sample policy can be found at the [FDP Conflict of Interest Model Policy](http://www.fdp.gov/fdp/fcoi-clearinghouse)).

☐ Subrecipient does not have an active and/or enforced COI policy and agrees to adopt IIT's policy located at: [http://web.iit.edu/sites/web/files/departments/general-counsel/policies/procedure\\_p2\\_conflict\\_of\\_interest\\_policy\\_investigator.pdf](http://web.iit.edu/sites/web/files/departments/general-counsel/policies/procedure_p2_conflict_of_interest_policy_investigator.pdf).

10. **Lobbying (for U.S. federal projects only):**

☐ Yes ☐ No My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation.)

## SECTION C — Audit Status

### 11. Audit Status

- ☐ Subrecipient receives an annual audit in accordance with 2 CFR 200 Subpart F.

Most recent fiscal year completed: FY \_\_\_\_\_

Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) ☐ Yes ☐ No

**Please attach a complete copy of your most recent A-133 audit report or provide the URL link to a complete copy.**

- ☐ Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.

Subrecipient is a:

- ☐ Non-profit entity (under federal funding threshold)  
☐ Foreign entity  
☐ For profit entity  
☐ Government entity

A limited scope audit may be required before a subaward will be issued.

## SECTION D — Comments (if applicable)

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## SECTION E — Approved for Subrecipient

The information, certifications and representations above have been read, signed and made 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 regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. No work on this project can begin without a fully executed subaward agreement and no work involving human or animal subjects may begin until the appropriate Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) approvals are in place. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official \_\_\_\_\_

Name and Title of Authorized Official \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_