



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](http://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 [sponsored.programs@wku.edu](mailto:sponsored.programs@wku.edu) by: \_\_\_\_\_

## Section A – Completed by the Institution Issuing the Subaward

Western Kentucky University Principal Investigator

WKU Principal Investigator Email

Prime Sponsor

Proposal Title

## Section B – Project Information

Subrecipient Principal Investigator Contact Name

Phone  Fax  Email

Subrecipient Funds Requested

Subrecipient Performance Period Begin Date  End Date

## Section C – Proposal Documents

The following documents are required for proposal submission and are covered by the certifications in Section F below:

- Budget and Budget Justification** (if R&R or Modular Budget form required, include as appropriate)
- Subrecipient Commitment Form** (*this form*) – completed and signed by subrecipient authorized institutional representative
- Statement of Work**
- Biographical Sketch**
- Letter of Commitment/Collaboration**
- Other:**

## Section D – Subrecipient Information

Subrecipient Legal Name

Address

Sub DUNS number  Sub EIN number

Sub Fiscal Year Dates  Sub Congressional District

Subrecipient currently registered in the System for Award Management (SAM)? ([www.sam.gov](http://www.sam.gov))

Yes  No

Subrecipient owned or controlled by a parent entity? **Yes** **No**

*Note: If Yes, please provide Name, DUNS Number and Location (City, State, Congressional District, and Country) of parent entity*

Type of Organization (select one):

If other, describe:

Organization Classification (if applicable):

Large Business                      Small Business                      Small Disadvantaged Business  
Historically Black College/University                      Historically Underutilized Business Zone  
Woman-Owned                      Minority Institution/Owned                      Tribal                      Veteran-Owned  
Other (describe)

### Section E – Performance Site Location

Organization Name

Address

City  State  ZIP (+4)

Sub DUNS number  Sub Congressional District

### Section F – Certifications

1. **Facilities and Administrative costs** included in this proposal have been calculated based on the following:

Subrecipient's federally negotiated F&A rate for this type of work  
*(If checked, a copy of your F&A rate agreement must be furnished before a subaward can be issued.)*

Other rate *(Please specify the basis on which the rate has been calculated in Section G below.)*

2. **Required to comply with OMB Uniform Guidance Subpart F – Audit Requirements:**

Yes  No (if no, additional information will be requested)

Audit Contact Name & Title

Audit Contact Phone

Audit Contact Email

Auditee Name Filed Under:

*(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at <http://harvester.census.gov/sac/>)*

EIN Audit is Filed Under

**3. 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](mailto:sponsored.programs@wku.edu)) as soon as they become available. Please indicate the WKU Principal Investigator's name and subcontract number for reference.

**4. Animal Subjects**       Yes       No

If **Yes**, a copy of the IACUC approval must be provided before any subaward will be issued.

**5. Cost Share**       Yes       No

(If applicable, cost-sharing amounts and explanation of sources should be included in the subrecipient's budget. Annual verification of cost-share commitment will be required.)

**Section G – Comments (please attach additional pages if necessary)**

**Section H – Grant Management Contacts**

Subrecipient Sponsored Programs Contact Name

Phone  Fax  Email

Subrecipient Financial Contact Name

Phone  Fax  Email

**SUBRECIPIENT APPROVAL:**

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.

Signature of Subrecipient's Authorized Organizational Representative \_\_\_\_\_ Date \_\_\_\_\_

Name and Title of Authorized Organizational Representative

Phone  Fax  Email Address

Address

City  State  Zip

**Attachment 3B**  
**Subrecipient Contacts**

Subaward Number:

**Subrecipient Information for [FFATA](#) reporting**

Entity's UEI Name:

EIN No.:

Institution Type:

UEI:

Currently registered in SAM.gov:      Yes      No

Exempt from reporting executive compensation:      Yes      No *(if no, complete 3Bpg2)*

Parent UEI:

*This section for U.S. Entities:*      Zip Code [Look-up](#)  
Congressional District:      Zip Code+4:

Place of Performance Address

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**Subrecipient Contacts**

Central Email:

Website:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

Financial Contact Name:

Email:

Telephone Number:

Invoice Email:

Authorized Official Name:

Email:

Telephone Number:

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**Legal Address:**

**Administrative Address:**

**Payment Address:**