

## OHSU Subrecipient Commitment Form

Any organization planning to enter into a collaborative subrecipient relationship with OHSU must complete this form at the proposal stage. The form will be considered valid for one year from the date of signature by subrecipient's Authorized Official for the proposal listed below. Please email the completed form and required proposal documents to the OHSU PI and Department Contact listed below.

### SECTION A. OHSU Information

Proposal Title:		
Prime Sponsor:		Solicitation/ FOA#:
Proposed start date:	Proposed end date:	OHSU PPQ#:
OHSU PI:	PI Phone:	PI Email:
Dept Contact:	Phone:	Email:

### SECTION B. Subrecipient Eligibility

Please answer the following questions before completing the rest of the form.

- Yes\*  No Is the subrecipient organization, its Principal Investigator, subrecipient principals, or any other employee or student participating in this project presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency?
- Yes\*  No Is the subrecipient organization 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?

**\*If "Yes" to either question:** It will not be possible to establish a subaward and this form does not need to be completed. **Please notify the OHSU PI as soon as possible.**

OHSU views a subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of an OHSU subrecipient are different from that of a contractor/supplier. The following chart outlines the differences:

Characteristics indicative of a Subrecipient relationship:	Characteristics indicative of a Contractor relationship:
<ul style="list-style-type: none"> <li>a. Will be able to determine who is eligible to receive what federal assistance;</li> <li>b. Will have performance measured in relation to whether the objectives of the Federal program are met;</li> <li>c. Will have responsibility for Programmatic Decision making;</li> <li>d. Will be responsible for adherence to applicable Federal program requirements specified in the Federal award;</li> <li>e. Will use Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of OHSU</li> </ul>	<ul style="list-style-type: none"> <li>a. Will provide goods and services within normal business operations;</li> <li>b. Provides similar goods or services to many different purchasers;</li> <li>c. Normally operates in a competitive environment;</li> <li>d. Will provide goods or services that are ancillary to the operation of the Federal program;</li> <li>e. Will not be subject to compliance requirements of the Federal program.</li> </ul>

- Yes  No\*\* My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

**\*\*If "No":** This form does not need to be completed. **Please contact the OHSU PI and department contact about procuring your organization's products and services as a supplier/contractor.**

### SECTION C. Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below (**required if checked**):

- **SCOPE OF WORK** (required)
- **BUDGET AND BUDGET JUSTIFICATION** (required)
- **Biosketches of all Key Personnel, in agency-dictated format** (required)
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-dictated format
- F&A rate agreement or URL: \_\_\_\_\_
- Fringe Benefit Rate agreement or URL: \_\_\_\_\_
- Most recent A-133 audit report or URL: \_\_\_\_\_
- Other: \_\_\_\_\_

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**SECTION D. Subrecipient Information**

<b>Subrecipient Legal Name</b>	<b>Subrecipient Principal Investigator</b>
Address (include +4 zip)	Address (include +4 zip)
DUNS:	Email:
EIN:	Phone:
Congressional District:	Congressional District:
<b>Subrecipient Business /Financial Contact</b>	<b>Subrecipient Authorized Official</b>
Address (include +4 zip)	Address (include +4 zip)
Email:	Email:
Phone:	Phone:
<b>IF Parent Entity</b>	<b>Primary Place of Performance</b>
<b>Parent Entity Legal Name</b>	<b>(if different than PI above)</b>
Address (include +4 zip)	Address (include +4 zip)
DUNS:	
EIN:	
Congressional District:	Congressional District:

- 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:
- |   |   |
|---|---|
| <input type="checkbox"/> Women-owned small business concern   | <input type="checkbox"/> Small disadvantaged business as certified by the Small Business Administration |
| <input type="checkbox"/> Veteran-owned small business concern | <input type="checkbox"/> Service-disabled veteran-owned small business concern                          |
| <input type="checkbox"/> HUBZone small business concern       |   |
- Yes  No Subrecipient is currently registered in the **System for Award Management (SAM)** and will keep registration current throughout the life of the award.  
**If "No"** and Federal Funding: Organizations that have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration through SAM home page at: <https://www.sam.gov/portal/SAM/#1>  
 Subrecipient must maintain their current information in SAM. No Subaward will be issued until the SAM registration is complete.

**SECTION E. Certifications (REQUIRED for Federal funding only)**

- Facilities and Administrative (F&A) Rates** included in this proposal have been calculated based on:
  - Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. Agreement attached or URL provided.
  - A de minimis rate of 10% of modified total direct costs (MTDC) in accordance with 2 CFR 200.414(f), if applicable.
  - Other rates (please specify the basis on which the rate has been calculated in *Comments* section).
- Fringe Benefit Rates** included in this proposal have been calculated based on:
  - Rates consistent with or lower than our federally-negotiated rates. Agreement attached or URL provided.
  - Other rates (please specify the basis on which the rate has been calculated in *Comments* section).
- Mandatory Cost Sharing**  Yes  No Cost sharing amounts and justification should be included in the subrecipient's budget. (Mandatory does NOT include amounts over the salary cap.)

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4. **Project Compliance:** Please indicate all that apply to this proposal.

Compliance Requirements	Yes	No	Exempt	Federal Wide Assurance #	Approval Date or Pending
Human Subjects					
Vertebrate Animals					
Human Embryonic Stem Cells					

**If "Yes" and not exempt:** Copies of the compliance approval must be provided before a subaward will be issued. Please forward these documents to OHSU's PI as soon as they become available.

5. **Conflict of Interest** (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements as defined in 42 CFR part 50 Subpart F and 42 CFR part 94)

- Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), or any other sponsor that has adopted the federal financial disclosure requirements.
- Subrecipient is registered in the FDP Clearinghouse indicating compliance with the provision of 42 CFR part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research and 42 CFR part 94." It is the subrecipient's responsibility to report to OHSU all conflicts determined to be Financial Conflicts of Interest (FCOI) by the subrecipient site within a timely manner sufficient to enable timely FCOI reporting by OHSU, as required by NIH regulations.
- Subrecipient is not registered in the FDP Clearinghouse, but 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 for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors."

In this case, subrecipient may:

- Register policy on the FDP website OR
- Provide to OHSU a copy of the policy for OHSU's review

It is the subrecipient's responsibility to report to OHSU all conflicts determined to be Financial Conflicts of Interest (FCOI) by the subrecipient site within a timely manner sufficient to enable timely FCOI reporting by OHSU, as required by NIH regulations.

- Subrecipient does not have an active and/or enforced Conflict of Interest policy, but will have a PHS compliant policy in place and published at the time of award. (A sample FDP Conflict of Interest policy can be found at: [http://sites.nationalacademies.org/PGA/fdp/PGA\\_061001](http://sites.nationalacademies.org/PGA/fdp/PGA_061001)).
- Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to adopt OHSU's policy. Instructions for following OHSU's policy will be provided at time of award. Please name the investigators for this subaward below (attach sheet with additional names if necessary):

Name	Title	email

By signing below, Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant.

6. **Debarment and Suspension** The Subrecipient certifies they: (answer all questions below)

- are  are not presently indicted for, or otherwise criminally or civilly charged by a government entity.
- have  have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract of subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
- have  have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

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SECTION F. Audit Status (REQUIRED for Federal funding only)

7. Subrecipient is a:

- Foreign entity, Government entity, For-profit entity, Non-profit entity, Institution of Higher Education

8. A-133 Audit

- Subrecipient receives an annual audit in accordance with OMB Circular A-133.
i. Most recent fiscal year completed: FY
ii. Audit findings were/were not reported.
iii. Subrecipient was determined to be a High Risk/Low Risk auditee.
Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.
Subrecipient expended less than \$500,000 in Federal awards during the most recent fiscal year.
Other (Please explain in comments below.)

Additional Financial Information

- Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a U.S. government agency or independent audit firm?
Does your organization have formal, written policies that address: pay rates and benefits, time and attendance, effort reporting, leave, travel, purchasing?
Does your organization have new key personnel (individuals that affect the institutions ability to comply with applicable regulations and/or ability to achieve the scope of work) or new or substantially changed applicable systems?

\*\*\*If a subrecipient does not receive an A-133 audit or has findings on their most recent A-133 audit or is considered a High Risk auditee, OHSU will require the entity to complete an Audit Certification Form and may require added elements be incorporated into the Subaward agreement, such as a limited scope audit or increased monitoring.

SECTION G. Comments (add additional pages as necessary)

Large empty rectangular box for comments.

SECTION H. Approval of 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 the prime agency policy in regard to 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 Official

Signature of Subrecipient's Authorized Official Date

OHSU OPAM USE ONLY

Table with 3 columns: Cost reimbursable, Fixed Price, Ask SubRec

Please email this form and all required documents indicated in Section C. Proposal Documents to the OHSU PI and department contact as soon as possible.