



OHSU Subrecipient Commitment Form

If the organization is participating in the FDP Expanded Clearinghouse Pilot (click to see the list of participants), do not complete this form. These organizations need only provide a Letter of Intent on the organization's letterhead at the proposal stage.

All other organizations not included in the FDP Pilot above that are planning to enter into a collaborativesubrecipient relationship with OHSU must complete this format the proposal stage. The form will be considered valid for oneyear from the date of signature by the organization's Authorized Official for the proposal listed below. 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:	Dept. Phone:	Dept. Email:
SECTION B. Subrecipient Eligibility		

Please answer questions 1 and 2 before completing the rest of the form.

- Debarment and Suspension** The Subrecipient certifies the organization, its Principal Investigator, subrecipient principals, or any other employee or student participating in this project are:(answer a through c below)
 - is* is not presently indicted for, or otherwise criminally or civilly charged by a government entity.
 - has* has 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.
 - has* has not within three(3) years preceding this offer, had one or more contracts terminated for default by any federal 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 and department contact as soon as possible. If "no", proceed to the table, below.

SECTION C. Subrecipient Information	
Subrecipient Legal Name:	Subrecipient Principal Investigator:
Address (include +4 zip)	Address (include +4 zip)
UEI:	Email:
EIN:	Phone:
Congressional District:	Congressional District:

	Financial Contact:	Authorized Official:	Administrative/Contracting Contact:
Email:			
Phone:			
IF Parent Entity		Primary Place of Performance	
Parent Entity Legal Name:		(if different than PI above):	
Address (include +4 zip)		Address (include +4 zip)	
UEI:			
EIN:			
Congressional District:		Congressional District:	

SECTION D. Additional Information

3. **Facilities and Administrative (F&A) Rates** included in this proposal have been calculated based on:
- Subrecipient’s federally negotiated F&A rate for this type of work, or an accepted reduced F&A rate. Rate 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 sponsor-mandated rates (specify the basis on which the rate has been calculated in *Comments* section).
 - Not applicable; no indirect costs are requested for the Subrecipient.
4. **Fringe Benefit Rates** included in this proposal have been calculated based on:
- Rates consistent with or lower than the subrecipient federally negotiated rates. Rate agreement attached or URL provided.
 - Other rates (specify the basis on which the rate has been calculated in *Comments* section).
5. Yes No **Mandatory Cost Sharing** is included in this proposal.
 If “yes”, cost sharing amounts and justification should be included in the subrecipient budget.
 (Mandatory does not include amounts over the salary cap.)
6. **Project Compliance:** Indicate all that apply to this proposal, in the table below.

Compliance Requirements	Yes	No	Exempt	Federal Wide Assurance #	Approval Date or Pending
Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vertebrate Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Human Embryonic Stem Cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If “yes” and not exempt, copies of the compliance approval must be provided before a subaward will be issued. Forward these documents to OHSU’s PI and department contact as soon as they become available.

7. **Conflict of Interest Policy** (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.) 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.

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.”
- 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 a copy of the policy to OHSU for review

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. (sample Conflict of Interest policy: 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. Subrecipient certifies that the required training will be completed by each investigator listed below prior to engaging in any research related to any PHS funded contract/grant.

Name of investigators for this subaward:

Name / Title /Email	

(Attach page with additional name, if necessary)

SECTION E. Comments

(Attach additional pages as necessary)

SECTION F. Proposal Documents

The following documents must be included in the 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:
- Other:

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

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

OHSU OPAM USE ONLY

Cost Reimbursable	Fixed Price	Ask Subaward Team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Subrecipient Name:

PPQ#:

OHSU PI:

Sponsor: