



**OHSU Subrecipient Commitment Form**

*If the organization is participating in the FDP Expanded Clearinghouse, it does 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 that are 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 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. Subrecipient Eligibility**

1. **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)
  - a.  **is\***  **is not** presently indicted for, or otherwise criminally or civilly charged by a government entity.
  - b.  **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.
  - c.  **has\***  **has not** within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.
2.  **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 2 CFR 200, 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 B. Subrecipient Information**

<b>Subrecipient Legal Name:</b>		<b>Primary Place of Performance</b>	
Address (include +4 zip)		Address (include +4 zip)	
UEI:			
EIN:			
Congressional District:		Congressional District:	
<b>Financial Contact:</b>		<b>Authorized Official:</b>	<b>Administrative/Contracting Contact:</b>
Email:			
Phone:			

<b>IF Parent Entity</b>
Parent Entity Legal Name:
Address (include +4 zip)
UEI:
EIN:
Congressional District:

**SECTION C. 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).

	YES/NO	APPROVAL DATE OR PENDING		YES/NO	APPROVAL DATE OR PENDING
Human Subjects			Recombinant DNA		
Vertebrate Animals			Program Income		
Human Embryonic Stem Cells			Cost Sharing		
Select Agents					

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.

5. **Conflict of Interest Policy** 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 *will 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 compliant policy in place and published at the time of award. (Sample Conflict of Interest policy: [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. Subrecipient certifies that the required training will be completed by each investigator listed below prior to engaging in any research related to any federally funded contract/grant.
  - Subrecipient has a policy registered in the FDP FCOI Clearinghouse.

**Name of investigators for this subaward:**

Name / Title /Email	

**SECTION D. 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)
- Bio-sketches of all key personnel**, in agency-dictated format(required)
- F&A rate agreement or URL** (required): \_\_\_\_\_
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-dictated format
  - Fringe benefit rate agreement or URL: \_\_\_\_\_
  - Other: \_\_\_\_\_

**SECTION E. 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 D. Proposal Documents* to the OHSUPI and department contact as soon as possible. PI email: \_\_\_\_\_ Dept Contact email: \_\_\_\_\_

OHSU OPAM USE ONLY

Cost Reimbursable			Fixed Price			Ask Subaward Team		