

SUBRECIPIENT COMMITMENT FORM

SECTION I: EVMS Proposal Information

Name of EVMS PI: _____ EVMS Department: _____

Prime Sponsor: _____

Title of Proposal: _____

EVMS Period of Performance: From: _____ To: _____

Proposed Period of Performance of Subrecipient (if different): From: _____ To: _____

SECTION II: Subrecipient Eligibility

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with EVMS must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and EVMS. This form will be considered valid for one year from the date of signature by your organization's Authorized Official.

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

- Yes** **No** Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?
- Yes** **No** Is your 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 you answered "Yes" to either of the above questions it may not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the EVMS Principal Investigator (PI) and the Office of Sponsored Programs as soon as possible.

SECTION III-A: Subrecipient Requirements and Responsibilities

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

Subrecipients	Contractors
<ol style="list-style-type: none"> 1. Subrecipient's PI (named in Section III-B below) will take a significant role in programmatic decision making and assist the EVMS PI achieving the project's goals and objectives. 2. Subrecipient will be subject to all of the compliance requirements from the prime award that are pertinent to the subrecipient, e.g., effort reporting on federal awards. 3. Subrecipient will be expected to provide a complete copy of the subrecipient's most recent audit report, or the URL link to a complete copy, before a subagreement can be established. 	<ol style="list-style-type: none"> 1. Provides routine goods and/or services to other customers or clients and/or 2. Provides goods or services developed according to the specifications of the EVMS PI and/or 3. Provides personnel services that are primarily advisory in nature and/or 4. Provides other ancillary services related to the sponsored project per the instructions of the EVMS PI.

- 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," please contact the EVMS PI about procuring your organization's products and services as a contractor.

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SECTION III-B: Subrecipient Information

Legal Name:	DUNS #: (Dun & Bradstreet)
Organization's Address: Include ZIP Code +4 or other postal code	Congressional District: (if in U.S.)
Subrecipient's Principal Investigator / Project Director (Required):	Amount of Funding Required: \$ _____
Phone: _____ eRA Commons ID: _____ Email: _____	Cost Sharing Provided (if applicable): \$ _____
Performance Site Address (if different from above): Include ZIP Code +4 or other postal code	Congressional District: (if in U.S.)
Domestic Organizations: Federal Employer Identification Number (EIN): _____ Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____ CAGE Code: _____ (Commercial and Government Entity)	International Organizations: NAIS Code: _____ (NCAGE) Code: _____
If Subrecipient is owned or controlled by a parent entity, please provide the following information:	
Parent Entity Legal Name:	Parent Organization DUNS #:
Parent Entity Address, City, State, ZIP+4:	Parent Organization Congressional Dist:

SECTION III-C: FFATA (complete when collaborating on a U.S. federal project only)

Is subrecipient required to comply with the compensation reporting requirements under FFATA?

- Yes** **No** Per OMB Uniform Guidance 2 CFR Part 200.320 Subpart D. **If this box is checked yes**, complete the remainder of this FFATA section before proceeding to Section III-D. **If no**, skip to Section III-D now.

Executive Compensation (Please check all that apply)

- Yes** **No** During the previous fiscal year my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards. **If yes, complete FDP form Attachment 3B page 2 with the agreement. If no, skip to Section III-D now.**
- Yes** **No** My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986?

SECTION III-D: Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below. (Check all that apply.)

Statement of Work	Budget	Budget Justification	Biosketches	Subrecipient 3B	Facilities	Letters of Support	F&A Rate Agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION IV: Certifications/Assurances

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

- Our federally negotiated F&A rates for this type of work or a reduced F&A rate that we hereby agree to accept. (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below.)
URL: _____
- Funding source cap: _____%
- Other rates (please attach a description of the basis on which the rate has been calculated)
- Not applicable, subrecipient is not requesting payment of F&A costs

2. **Fringe Benefit Rates** included in this proposal have been calculated based on (check as applicable):

- Federally negotiated rate
(If this box is checked, please attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternately provide a URL link to the information.)
URL: _____
- Other rates (please attach a description of the basis on which the rate has been calculated)

3. **Type of Applicant** (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Institution of Higher Ed | <input type="checkbox"/> Foreign Owned |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> For Profit Organization |

If a small business, identify business classification (*certified by the Small Business Administration)

- | | |
|--|---|
| <input type="checkbox"/> Small/Small Disadvantaged Business (SDB)* (8a)* | <input type="checkbox"/> Service-disabled veteran-owned business (SDVOSB) |
| <input type="checkbox"/> Women-owned Small Business (WOSB) | <input type="checkbox"/> HUB Zone* |
| <input type="checkbox"/> Veteran-owned Small Business (VOSB) | <input type="checkbox"/> Alaska Native Corporation (ANC) (43USC1601) |
| <input type="checkbox"/> Minority Serving Institution (e.g. HBCU, HIS, MI, etc.) | |

4. **Research Subject Compliance Information** (check as applicable):

Please note that compliance approval documents are required at the time of award.

- Yes** **No** **Human Subjects** will be involved in the subrecipient's portion of this project
If "Yes," please provide your organization's OHRP approved **FWA #**: _____
Also provide a copy of IRB approval to EVMS OSP as soon as it is available
(If your organization does not have an FWA #, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the protection of human subjects.)
- Yes** **No** IRB Approval Pending?—if no, what is the approval date? _____
- Yes** **No** **Animal Subjects** will be involved in subrecipient's portion of this project (IACUC approval is required before a subagreement will be issued.)
If "Yes," provide the **Animal Welfare Assurance #**: _____
Also provide a copy of IACUC approval to EVMS OSP as soon as it is available
- Yes** **No** IACUC Approval Pending?—if no, what is the approval date? _____

5. **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.
- Yes** **No** My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

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6. 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.)

7. Conflict of Interest:

As of August 24, 2012, the Public Health Service (PHS) FCOI policy is separate and distinct from that of the National Science Foundation (NSF).

- NSF and PHS rules do not apply to this submission.** If none of these apply skip to #8, otherwise respond to each of the following separately.

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

- Subrecipient Organization/Institution 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." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by EVMS's policy, located at http://www.evms.edu/research/research_administration/conflicts_of_interest_coi_for_grants_and_contracts/.

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

- My organization does have a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.
- Yes** **No** We are registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse: http://sites.nationalacademies.org/PGA/fdp/PGA_070596.
- My organization **does NOT have** a PHS-compliant Financial Conflict of Interest (FCOI) policy.
- Yes** **No** My organization agrees to rely on EVMS's FCOI policy and procedures to comply with PHS Conflict of Interest regulations.

Note: Organizations checking this option are required to follow EVMS's COI and FCOI guidance at http://www.evms.edu/research/research_administration/conflicts_of_interest_coi_for_grants_and_contracts/.

8. Ethics in Research Training:

- Subrecipient institution hereby certifies that all individuals involved in research (e.g., students, postdoctoral fellows, technical personnel, faculty, etc.) will be trained in the responsible and ethical conduct of research.

SECTION V: Audit Status

- Yes** **No** Does your organization receive an annual audit in accordance with OMB Uniform Guidance 2 CFR 200 Subpart F?

If "No" please indicate why your organization is not subject to 2 CFR 200 audit requirements:

- My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
- My organization is a foreign entity.
- My organization is a for-profit entity.
- My organization is a U.S. government entity.

Please note: Your organization will be required to confirm that it still is not subject to 2 CFR 200 audit requirements and fill out the mini-audit section of the risk assessment form prior to the establishment of a subagreement: http://www.evms.edu/research/research_administration/sponsored_programs/forms/

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SECTION V: Audit Status (Continued)

When applying for funds from agencies under the U.S. Department of Health and Human Services foreign organizations and for-profits that have expended a total of \$750,000 or more under one or more awards from the U.S. Department of Health and Human Services (as a direct grantee and/or under a consortium participant) will be required to have a financial-related audit of all HHS awards as defined in, and in accordance with, the Government Auditing Standards or an audit that meets the requirements of OMB Uniform Guidance 2 CFR 200 Subpart F.

If "Yes," respond to the following:

- Yes** **No** Has your organization's 2 CFR 200 audit been completed for the most recent fiscal year?
- Yes** **No** Were there any findings or exceptions noted? If "Yes" attach an explanation.

Please note: Your most recent audit report will be requested prior to the establishment of a subagreement.

SECTION VI: Authorized Representative Approval

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. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk. No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

<p>Name and Title of Authorized Official: _____</p> <p>Phone: _____</p> <p>_____</p> <p>Signature of Subrecipient's Authorized Official</p> <p>Date: _____</p>	<p>Administrative Contact Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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If you have any questions when completing this form, please contact us at [OSP@ evms.edu](mailto:OSP@evms.edu) or by phone at: 757-446-8424.