

Morehouse School of Medicine
Subrecipient Commitment Form and Institutional Profile

A – Subrecipient Proposal Data				
Subrecipient’s Legal Name				
Subrecipient’s Principal Investigator				
MSM Principal Investigator				
Grant Title				
Prime Sponsor				
Proposed Performance Period				
Subrecipient Total Proposed Funding	Year 1		Total Performance Period	

B - Certifications and Compliance Data

Conflict of Interest (applicable to NSF and all PHS agencies, including NIH). Please select appropriate option.

Subrecipient certifies that it has a written and enforceable conflict of interest policy that is consistent with the 2011 provisions of 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought, and 45 CFR Part 94, “Responsible Prospective Contractors.” The Authorized Official of the consortium institution further certifies that all required training has been completed, that all financial disclosures required by its conflict of interest policy have been made, and that all identified conflicts of interest will have been satisfactorily managed, reduced or eliminated prior to the execution of any agreement, should the above-referenced application be successful. The terms of the subcontract shall stipulate the procedures related to the consortium institution’s obligations during the life of the award.

Subrecipient certifies that it does not have a written and enforceable conflict of interest policy that is consistent with the 2011 provisions of 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought, and 45 CFR Part 94, “Responsible Prospective Contractors.” The Authorized Official therefore certifies that the consortium institution shall agree to comply with MSM’s conflict of interest policy. Please contact the Office of Compliance Ms. Francesqua Chapman at 404-756-6701 for assistance. A certification of completion of required training, for all consortium institution personnel who meet the definition of investigator as defined in the above policy is required prior to the receipt of any funds.

Not applicable. This project is not being funded by the NSF, any PHS agency, or any other program requiring federal financial disclosures.

Human Subjects: Yes No

(If “Yes,” additional information, found on the Institutional Profile section of this form, along with copies of IRB approval will be required prior to any subaward being issued.)

Human Subjects Training (NIH Only)

If Human Subjects is “Yes” and the project is funded by NIH, have all key personnel involved completed Human Subjects Training? **Yes No**

Animal Subjects: Yes No

(If “Yes,” additional information, found on the Institutional Profile section of this form, along with copies of IACUC approval will be required prior to any subaward being issued.)

Facilities and Administrative Rates

Any Facilities and Administrative Rates included in this proposal have been calculated based on:

Subrecipient’s federally-negotiated F&A rate for this type of work, or a reduced rate that Subrecipient hereby accepts. (If this box is checked, a copy of Subrecipient’s rate agreement is attached or may be found at the following URL:

An allowable 10% de minimis rate, used in lieu of a negotiated rate per the above.

Not applicable (no indirect costs requested for Subrecipient).

Fringe Benefit Rates

Any Fringe Benefit Rates included in this proposal have been calculated based on:

Rates consistent with or lower than Subrecipient’s federally-negotiated rate. (If this box is checked, a copy of Subrecipient’s fringe benefit rate agreement is attached or may be found at the following URL:

Other rate. (Please specify the basis on which the rate has been calculated:

Cost-sharing/Matching/In-Kind Commitments included	Yes	No	Amount
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Certification Regarding Debarment and Suspension

Is the Subrecipient, PI, or any other employee or student participating in this project debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from participation in federal assistance programs or activities? (If “Yes,” describe in the Comments below.)

Yes No

C - Comments

D - Subrecipient Certification

The appropriate programmatic and administrative personnel of the consortium institution involved in this grant application are aware of applicable prime agency consortium grant policies and are prepared to establish the necessary inter-institutional agreements consistent with those policies. I certify that the above information accurately represents the organization of which I am a representative.

Authorized Signature:	
Name and Title:	
Date:	
Federal EIN:	
DUNS or DUNS+4	

Sections A – D must be provided, including signature, for each proposal submission. Institutional Profile Data (Sections E - G below) must be on file with U oJ within the past year before any subaward can be issued. The Institutional Profile may be provided at the time of proposal, but in all cases will be needed prior to issuance of any subaward.

E – Additional Institutional and Compliance Data

Subrecipient Legal Name:	
Address:	
City, State, Zip Code + 4	
Phone:	
Email:	
Federal Employer Identification Number (EIN)	
DUNS or DUNS + 4	

System for Award Management (SAM; formerly CCR)

Is Subrecipient registered in SAM: **Yes** **No** **Expiration Date:**

Type of Organization (Check all that apply):

- For profit entity
- Non-profit entity
- College/University
- Foreign entity

Human Subjects **FWA #**

Animal Subjects **AWA #**

F - Audit and Financial Information

Organizational Fiscal Year – From: **To:**

Does the Subrecipient conduct a single audit on an annual basis as required in 2 CFR 200, the Uniform Guidance, Subchapter G, ____.701 Audit Requirements? **Yes** **No**

- **If “Yes,” has the audit been completed for the most recent fiscal year?** **Yes** **No**
 - **Were any findings reported? (If Yes, explain in Comments below>)** **Yes** **No**

Note: A complete copy of Subrecipient’s most recent Single Audit Report is hereto attached or may be found at:

- **If “No,” please answer the following questions. All questions must be answered.**
 - **Are Subrecipient’s financial statements audited by an independent audit firm?** **Yes** **No**
(If yes, please attach a copy of the most recent Auditor’s report including any reported findings.)
 - **Do you adhere to CASB (Cost Accounting Standards Board) FAR 31 regulations under the proposed Subaward?** **Yes** **No**
 - **Do you have a financial management system that can separately identify the source and application of funds for Subaward supported activities?** **Yes** **No**

- Do you have a financial management system that provides for the control and accountability of project funds, property, and other assets? Yes No
- Are duties separated so that no one individual has complete authority over an entire financial transaction?
Yes No
- Do you have a formal written travel policy? Yes No
- Do you have a formal written purchasing/procurement policies and procedures? Yes No
- Do you maintain an inventory of government property that identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition of the property? Yes No
- Has the Subrecipient administered federal pass thru funds in the past? Yes No (If "Yes", how many agreements and what has total award volume been within the most recent three years?)
- Does the Subrecipient have staff to administer the funds who fully understand the federal requirements for the administration of federal funds including FAR (Federal Acquisitions Register) and Uniform Guidance?
Yes No (If yes, please detail how this training/knowledge was obtained.)

G - Authorized Signature

The information, certifications and representations above are being made by an authorized official of the Subrecipient named herein. I certify that the above information accurately represents the organization of which I am a representative.

Authorized Signature:	
Name and Title:	
Date:	

No Concerns

Level 1

Level 2

Level 3

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