Emory University Subrecipient Commitment Form and Institutional Profile

A – Subrecipient Proposal Data			
Subrecipient's Legal Name			
Subrecipient's Principal Investigator			
Emory 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 institutional shall agree to comply with Emory University's conflict of interest policy as can be found at http://policies.emory.edu/7.7. Additionally, this Subrecipient Commitment Form must be accompanied by a completed Project Report of Financial Interests in Research form (http://www.coi.emory.edu/COI_documents/External%20Investigator%20Disclosure%20Form.pdf), including certification of completion of required training, for all consortium institution personnel who meet the definition of investigator as defined in the above policy.

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:

Office of I	Research Administration				
a	-	derally-negotiated F&A rate for to ox is checked, a copy of Subrecip			-
ļ	An allowable 10%	6 de minimis rate, used in lieu of	a negotiated	rate per the above.	
1	Not applicable (r	o indirect costs requested for Sul	orecipient).		
Fringe Ben					
A	Any Fringe Benef	it Rates included in this proposal	have been o	alculated based on:	
		with or lower than Subrecipient's nge benefit rate agreement is att		-	
(Other rate. (Plea	se specify the basis on which the	rate has bee	en calculated:	
Cost-sharii	ng/Matching/In	Kind Commitments included	Yes	No	Amount
C - Comme	ents				
D - Subreci	pient Certification	on			
in this gra	ant application to establish that the above in	mmatic and administrative p are aware of applicable pring ne necessary inter-institution of ormation accurately repres	ne agency o al agreemo	consortium grant ents consistent wi	policies and are th those policies. I
Authorized	Signature:				

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Sections A – D must be provided, including signature, for each proposal submission. Institutional Profile Data (Sections E - G below) must be on file with Emory 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.

Date: Federal EIN:

UEI:

Name and Title:

E – Additional Institutional and Compliance Data	a		
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; formerl	y CCR)		
Is Subrecipient registered in SAM: Ye		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			
F - Audit and Financial Information			
Organizational Fiscal Year – From:	То:		
Does the Subrecipient conduct a single audit of	n an annual basis as required in	2 CEP 200 the Uniform	Guidanca
Subchapter G,701 Audit Requirements?	Yes	No	Guidance,
Subchapter G,/OI Addit Requirements:	res	INO	
If "Yes," has the audit been completed	d for the most recent fiscal year	r? Yes	No
· · · · · · · · · · · · · · · · · · ·	(If Yes, explain in Comments be		No
o were any managareported.	(ii res, explain iii comments be	1000-7	140
Note: A complete copy of Subrecipien	t's most recent Single Audit Rep	port is hereto attached o	r may be found at:
Most recent A-133 Audit repo	ort:		
r			
 If "No," please answer the following q 	uestions. All questions must be	e answered.	
 Are Subrecipient's financial stater 	ments audited by an independe	ent audit firm? Yes	No
(If yes, please attach a copy of the			_
(yes) predet account a copy of the		any reported in	
Do you adhere to CASB (Cost Acco Subaward? Yes	_	31 regulations under the	proposed

Do you have a financial management system that can separately identify the source and application of funds

No

Yes

for Subaward supported activities?

funds, property, and other assets?

• Are c	luties separated Yes	so that no one individual h No	nas complete authority	over an entire	financial tr	ansaction?
• Do ye	ou have a forma	I written travel policy?	Yes	No		
• Do ye	ou have a forma	l written purchasing/procu	rement policies and pro	ocedures?	Yes	No
		nventory of government pomber, location and ultimat			cost, vendo Yes	or, No
	•	administered federal pass ts and what has total awa	•		No nt three yea	(If "Yes", rs?)
	dministration of	t have staff to administer t federal funds including FA f yes, please detail how thi	R (Federal Acquisitions	Register) and	-	
G - Authorized Sig	nature					
	ent named her	and representations ab rein. I certify that the ab epresentative.	_	•		al
Authorized Signati	ıra:					
Name and Title:	116.					
Date:						
No Concerns						
Level 1						
Level 2						
Level 3						

Do you have a financial management system that provides for the control and accountability of project

No

Yes

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