

## **Subrecipient Committment Form**

Office of Research Affairs & Research Affairs Financial Management

24887 Taylor Street, Suite 201 & 202, Loma Linda, CA 92350 Ph (909) 558-4589 | Fax (909) 558-0199 | Email: rafm@llu.edu

All organizations planning to enter into a collaborative subaward agreement with Loma Linda University (LLU) are are required to complete this form prior to proposal submission. The form provides a checklist of required documents as well as certifications required by sponsors. The completed form should be submitted to LLU Research Affairs Financial Management (RAFM) five (5) busines days prior to the sponsor deadline. For additional instructions or questions on completing this form, please contact RAFM at the information provided above.

A. PROPOSAL INFORMATION	For internal use only, LLeRA:
Subrecipient Institution Legal Name	Subrecipient Principal Investigator/Project Director
LLU Principal Investigator/Project Director	Prime Sponsor
LLU Proposal/Project Title	
Subrecipient Total Funds Requested	Subrecipient Performance Period Fromthrough
B. SUBRECIPIENT ELIGIBILITY	
Please answer the following questions BEFORE completing the	e remainder of this form:
	ended, proposed for debarment, declared ineligible or voluntarily partment or Agency?
If you answered "Yes" to either of the above questions, Loma I agreement with your organization. You do not need to complet Principal Investigator (PI) as soon as possible.	
C. PROPOSAL DOCUMENTS CHECKLIST	
In addition to this form, the following documents are to be submitted	d to LLU with the proposal submission documents:
STATEMENT OF WORK (required, included in proposal su	ubmission)
BUDGET (on <u>SF424 Form</u> ) AND BUDGET JUSTIFICATIO	N (required, included in proposal submission)
COPY OF SUBRECIPIENT NEGOTIATED F&A RATE (if a	applicable)
COPY OF SUBRECIPIENT NEGOTIATED FRINGE BENE	FITS RATES (if applicable)
SUBRECIPIENT FINANCIAL QUESTIONNAIRE (if not sub	oject to annual OMB audit)
D. CERTIFICATIONS	
1. Is the organization subject to an annual audit in accordance	with OMB Uniform Guidance Subpart F?
Yes, please provide the following Federal Audit Clearingho Auditee Name:	buse (FAC) Look-up Information ( <a href="https://harvester.census.gov">https://harvester.census.gov</a> ):  Auditee Contact Name:
Auditee EIN:	Auditee Contact Email:
Most Recently Completed Audit Year: from to No, please complete the Subrecipient Financial Question	nnaire
2. Facilities and Administrative (F&A) rates included in this pro Our federally negotiated F&A rates for this type of work, or of your F&A Rate Agreement with this form.	a reduced F&A rate that we hereby agree to accept. <i>Include a copy</i>
Other rates. Please specify the basis on which the rate has	s been calculated below:
Not applicable (Indirect costs are not requested by the sub	recipient).

_		- '	posal have been calcul		_	
Rates consis this form.	tent with o	r lower than o	ur federally negotiated ra	ates. <i>Include a c</i>	copy of your Fringe B	Benefit Rate Agreement with
Other rates. I	Please spe	ecify the basis	on which the rate has be	een calculated b	elow:	
4. Cost Sharing	☐ No	Yes, cos	t sharing amounts and e	xplanation of so	urces are included ir	the budget
5. Human Subjects*	☐ No	☐ Yes	IRB approval date:		IRB number:	
If yes, have all pe	ersonnel in	volved compl	eted Human Subjects Tr	aining?	s No	
6. Animal Subjects*	☐ No	☐ Yes	IACUC approval date:		IACUC number:	
7. Stem Cells*	☐ No	pluripote	project involves the creant stem (iPS) cells; and/ory animals.	tion or use of hu or the transplant	uman embryonic ster ation of human neur	m cells or human induced al stems cells into humans or
8. Conflict of Interes	st					
consistent wi Research." S related to the (2) all identifi subrecipient's must notify L any conflict o	th the proventh the proventh the conflicts of the conflict of	rision of 42 CF at also certifies that may be fu s of interest hat f interest polic och Affairs in a interest it ider	unded by or through a re- ave or will have been safe by prior to the expenditur a separate letter, signed atifies of the type covered	Responsibility of tution's knowled sulting agreeme isfactorily mana e of any funds uby an authorized by 42 CFR50.6	Applicants for Prom- ge: (1) all financial d nt, and required by it ged, reduced, or elir nder any resulting and d institutional represen- 605 and provide assi	
			and/or enforced conflict d by sending an email to			s to abide by LLU's policy. A
9. Ethics in Researc	_					
			es that all individuals invo d in the responsible and			stdoctoral fellows, technical
10. Additional Debai	rment and	Suspension	Information			
	excluded f explanatio	from or ineligit n in Section F	ole for participation in fed Additional Comments b	deral assistance elow.)	programs or activitie	red, suspended, or otherwise es? (If "Yes," provide a government entity? (If
Yes   No			on in Section F Addition			a government entity? (II
☐ Yes ☐ No			thin three (3) years prece (If "Yes," provide explan			ntracts terminated for default ents below.)
E. FEDERAL FUNDI	NG ACCO	UNTABILITY	AND TRANSPARENCY	ACT (FFATA)		
1. Location of s	1. Location of subrecipient City		State	Country	у	Congressional District
2. Primary place	of perfor	mance, if diff	ferent than location of s	subrecipient ab Country		Congressional District
3. Subrecipient	DUNS Nu	mber:				
4. Is Subrecipie	nt owned	or controlled	by a parent entity?	No ☐ Yes, p	lease provide the f	ollowing for parent entity:
City		State			Congressional District	DUNS Number
4. Is Subrecipie	nt current	ly registered	in the Central Contrac	tor Registration	n (www.ccr.gov)?	Yes No

LLeRA:

		LLeRA:
F. ADDITIONAL COMMENTS		
VI. APPROVAL		
The Subrecipient certifies that it is in compliance with all releva research and that the information, certifications, and representa authorized institutional representative of the Subrecipient name personnel involved in this application are aware of agency polic necessary inter-institutional agreements consistent with those	itions above have been read, ed herein. The appropriate pr ies in regard to subawards a	signed, and made by an ogrammatic and administrativ
Any work begun and/or expenses incurred prior to execution of	a subaward agreement are a	t the Subrecipient's own risk.
Signature of Subrecipient's Authorized Institutional Representative	Date	
Name and Title of Authorized Institutional Representative	Address	
EIN of Subrecipient's Organization/Institution	City, State, Zip	
Email address	Phone	Fax
	-	

<sup>\*</sup>For Human or Animal Subjects, copies of IRB/IACUC approval and approved Informed Consent (as applicable) must be received by LLU prior to execution of a subaward agreement. For projects involving Stem Cells, approval by the Stem Cell Research Oversight Committee or equivalent is required prior to execution of a subaward agreement. These items should be submitted to the LLU Research Affairs designee as soon as they become available.