

# Subrecipient Commitment Form

## Office of Research Affairs Pre Award

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All organizations planning to enter into a collaborative subaward agreement with Loma Linda University Health and its affiliates 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 10 business days prior to the sponsor deadline. For additional instructions or questions on completing this form, please contact Pre Award at the information provided above.

### A. PROPOSAL INFORMATION

*For internal use only, LLeRA:*

Subrecipient Institution Legal Name

Subrecipient Principal Investigator/Project Director

Subrecipient institution address (including Country)

Subrecipient PI/PD email

Subrecipient Total Funds Requested

Subrecipient Performance Period

From \_\_\_\_\_ through \_\_\_\_\_

DUNS #

Is institution registered in SAM? Y/N. If so list expiration date

EIN

LLU Principal Investigator/Project Director

Congressional District

Prime Sponsor

LLU Proposal/Project Title

### B. SUBRECIPIENT ELIGIBILITY

Please answer the following questions **BEFORE** completing the remainder of this 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?

If you answered "Yes" to the above question, Loma Linda University (LLU) will not establish a subaward agreement with your organization. You do not need to complete the remaining sections of this form. Please notify the LLU Principal Investigator (PI) as soon as possible.

### C. PROPOSAL DOCUMENTS CHECKLIST

In addition to this form, the following documents are to be submitted to LLU with the proposal submission documents:

- STATEMENT OF WORK (required, included in proposal submission)
- BUDGET AND BUDGET JUSTIFICATION (required, included in proposal submission)
- COPY OF SUBRECIPIENT NEGOTIATED F&A RATE (if applicable)
- COPY OF SUBRECIPIENT NEGOTIATED FRINGE BENEFITS RATES (if applicable)
- [SUBRECIPIENT FINANCIAL QUESTIONNAIRE](#) (if not subject to annual OMB audit)

### D. CERTIFICATIONS

1. Human Subjects\*  No  Yes IRB approval date:  IRB number:

If yes, have all personnel involved completed Human Subjects Training?  Yes  No

2. Animal Subjects\*  No  Yes IACUC approval date:  IACUC number:

3. Stem Cells\*  No  Yes, the project involves the creation or use of human embryonic stem cells or human induced pluripotent stem (iPS) cells; and/or the transplantation of human neural stems cells into humans or laboratory animals.

\*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.

**4. 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.

**5. Additional Debarment and Suspension Information**

Yes  No Is the PI (or any other employee/student planning to participate in this project) debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities? (If "Yes," provide explanation in Section F Additional Comments below.)

Yes  No Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If "Yes," provide explanation in Section F Additional Comments below.)

Yes  No Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? (If "Yes," provide explanation in Section F Additional Comments below.)

**6. Conflict of Interest**

Subrecipient organization/institution hereby certifies that it has implemented and is enforcing a written financial 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." All individuals responsible for the design, conduct or reporting of research for the proposal have made required disclosures. All required reports and disclosures have been made to the Subrecipient's institutional official in accordance with this policy.

In addition, the subrecipient must notify LLU Research Affairs in a separate letter, signed by an authorized institutional representative, of the existence of any conflict of financial interest it identifies of the type covered by 42 CFR 50.605 and provide assurance that the interest has been addressed.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by LLU's policy. A copy of LLU's policy can be requested by sending an email to [researchcoi@llu.edu](mailto:researchcoi@llu.edu).

**7. Cost Sharing**  No  Yes, cost sharing amounts and explanation of sources are included in the budget.

**8. Fringe Benefit rates included in this proposal have been calculated based on the following:**

Rates consistent with or lower than our federally negotiated rates. *Attach copy of your Fringe Benefit Rate Agreement.*

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

**9. Facilities and Administrative (F&A) rates included in this proposal have been calculated based on the following:**

Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. *Attached copy of your F&A Rate Agreement.*

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

Not applicable (Indirect costs are not requested by the subrecipient).

**10. Is the organization subject to an annual audit in accordance with OMB Uniform Guidance Subpart F?**

**Yes**, please provide the following Federal Audit Clearinghouse (FAC). (Look-up Information at <https://harvester.census.gov>):

Auditee Contact Name:

Auditee Contact Email:

Most Recently Completed Audit Year: from \_\_\_\_\_ to \_\_\_\_\_

**No**, please complete the [Subrecipient Financial Questionnaire](#)

**E. ADDITIONAL COMMENTS**

**F. APPROVAL**

The Subrecipient certifies that it is compliant with all relevant rules and regulations relating to the conduct of this research and that the information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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.

\_\_\_\_\_  
**Signature of Subrecipient's Authorized Institutional Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Name and Title of Authorized Institutional Representative*

\_\_\_\_\_  
*Address (if different than Section A)*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Fax*