

SUBRECIPIENT COMMITMENT FORM

All Subrecipients must complete this form when submitting a proposal to CHLA. Please provide the Subrecipient Commitment Form as the first page of the subaward proposal packet and include all required documentation. Email the packet to the Contact at the email listed on the form. Each document must be prepared in degree of detail required for submission by the sponsor in the required format of the prime sponsor or agency.

CONTACT INFORMATION

SUBRECEPIENT INSTITUTION:

PI Name:		Financial Contact:	
Address:		Phone:	Fax:
Address 2:		Email:	
Phone:	Fax:	Project Location (if different from subrecipient address)	
Email:		Address:	
Authorized Official:		Address 2:	
Title:		CHILDREN'S HOSPITAL LOS ANGELES (CHLA)	
FEIN (Tax ID No.):		PI Name:	
Address:		Department:	
Address 2:		Dept. Contact:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

IDENTIFYING INFORMATION

Sponsor:	RFA/RFP/PAR NO:
Submitted Proposal Title:	
Performance Period Begin Date:	Performance Period End Date:
Budget Total:	Sub Reference No:

PROPOSAL DOCUMENTS AND CERTIFICATIONS

Include any document checked on the following list. Each document must be prepared in degree of detail required for submission by the sponsor in the required format of the prime sponsor or agency.

<input checked="" type="checkbox"/> Statement Of Work	<input checked="" type="checkbox"/> Budget and Justification
<input checked="" type="checkbox"/> Biosketch(es)/CV/Biography of each Key Personnel member	<input checked="" type="checkbox"/> Fringe Benefit Rates/URL if unavailable, attach explanation of calculation
<input checked="" type="checkbox"/> F&A Rate Agreement /URL if unavailable, attach explanation of calculation	<input checked="" type="checkbox"/> DUNS No.:
Is subrecipient currently registered in Central Contractor Registration (www.ccr.gov) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cost Sharing include in the Budget and Justification.
<input type="checkbox"/> IRB Approval if NIH funded, include NIH Human Subjects Training Completion and FWA No.	<input type="checkbox"/> IACUC Approval if applicable, include Animal Welfare Assurance No. and AAALAC No.
<input type="checkbox"/> Recombinant DNA include IBC No.	<input type="checkbox"/> Stem Cells include hSCRO No.
<input type="checkbox"/> Other Support for Key Personnel	<input type="checkbox"/> Representations and Certifications
<input type="checkbox"/> Small/Small Disadvantaged Business Subcontracting Plan (required for proposal over \$550,000)	<input type="checkbox"/> Lobbying Certification
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

APPROVED FOR SUBRECIPIENT

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and is prepared to establish the necessary inter-institutional agreement consistent with that policy. Any terms or rates included in the proposal described herein are not binding upon the Pass-Through Entity. All terms and conditions between the parties will be outlined in a separate formal Agreement.

Signature of Authorized Official

Date

Debarment, Suspension, Proposed Debarment

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? ☐ **Yes** (If "yes," explain below.) ☐ **No**

The organization certifies they: (answer all questions below)

- ☐ are ☐ are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
- ☐ are ☐ are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity
- ☐ have ☐ have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property
- ☐ have ☐ have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

Conflict of Interest (applicable to PHS, NSF, or any other sponsor that has adopted these federal financial disclosure requirements)

- ☐ Not applicable as the project is not funded by NIH, NSF, or any other sponsor that has adopted these federal financial disclosure requirements.
- ☐ Subrecipient hereby 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" and NSF's Award Administration Guide, Chapter 4, Section A. Conflict of Interest Policies. Subrecipient also certifies that, to the best of Institution's knowledge (1) all financial disclosure 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 resulting agreement.
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy.

Fiscal Responsibility

The subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and:

- ☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received.
- ☐ maintains internal controls to assure that it is managing Federal Awards in compliance with applicable laws, regulations and the provision of contracts or grants;
- ☐ complies with applicable laws and regulations
- ☐ can prepare appropriate financial statements, including the schedule of expenditures of federal awards;
- ☐ there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

Audit Status

If subrecipient is subject to OMB Circular A-133 please complete the following section:

Most recent fiscal year audit completed _____ Findings reported? ☐ Yes ☐ No

URL for the subrecipient's most recent audit report _____

If subrecipient is not subject to OMB Circular A-133 please complete the following section:

Does the subrecipient receive overall federal funding or at least \$500,000 per year ☐ Yes ☐ No

Subrecipient is a: ☐ Non-profit entity (under federal funding threshold) ☐ Foreign entity

☐ For-profit entity ☐ Government entity

If a subrecipient does not receive an A-133 audit, CHLA may require a limited scope audit before a subaward will be issued.

For-Profit/Commercial Entities Please respond to the following

- ☐ Yes ☐ No The goods and/or services we will provide under this transaction will be comparable to the goods and/or services we provide to many different customers during the course of our normal business operations. (If "no" please describe how these services and/or goods will differ from those offered to other customers (Attach additional pages.)
- ☐ Yes ☐ No The goods and/or services we will provide under this transaction will be supplementary to the operation of the sponsored program, and we will not be responsible for programmatic decision making. If "no" please describe how your company's goods and services will contribute to the objectives of the program, how your company's performance will be measured against these objectives, and provide the names of your company's representatives who will be responsible for making programmatic decisions. (Attach additional pages.)

Subrecipient Commitment Form Acronym Definitions and Instructions

Acronym Definitions

(in order of appearance on the form)

CHLA	Children's Hospital Los Angeles	FWA	Federalwide Assurance
PI	Principal Investigator	NIH	National Institutes of Health
Dept	Department	IACUC	Institutional Animal Care and Use Committee
RFA	Request for Application	AAALAC	Association for Assessment and Accreditation of Laboratory Animal Care
RFP	Request for Proposal		
PAR	Program Announcement	IBC	Institutional Biosafety Committee
No.	Number	hSCRO	Human Stem Cell Research Oversight
Sub	Subrecipient	PHS	Public Health Service
CV	Curriculum Vitae	NSF	National Science Foundation
F&A	Facilities and Administrative (Indirect Cost)	CFR	Code of Federal Regulations
DUNS	Dun & Bradstreet Number	COI	Conflict of Interest
IRB	Institutional Review Board	OMB	Office of Management and Budget

Instructions

CHLA: Please fill in as many sections of the form as possible. Should the proposal require additional documents from the subrecipient, please check those boxes in the Proposal Documents and Certifications section. Send this form to the subrecipient institution.

Subrecipient: Please complete the form making sure to include all the documents requested for the proposal. Any incomplete information could lead to a delay in proposal submission or in issuing a subaward.

CONTACT INFORMATION

Complete the section with identifying information for both the subrecipient and CHLA. The PI name for each institution needs to be included where requested. Department and contact information at CHLA needs to be provided.

IDENTIFYING INFORMATION

Indicate the primary sponsor for the funding (agency, foundation, etc.) and the related information for the specific proposal including the title of the proposal. Should the subrecipient be a project or have a different title, please indicate that in the project title section. Any sponsor-related reference number must be included, if applicable. Please include the start and end date of the project, the total estimated budget for the subaward, and if the subrecipient uses a proposal reference number, space is provided.

PROPOSAL DOCUMENTS AND CERTIFICATIONS

Every subaward proposal must include those documents that are checked. There are documents that are always selected. Should the sponsor require specific documents for the proposal or if specific documents will be required in order to issue a subaward, those items are to be checked. If checked, the subaward proposal must include them or address why they are not included in the proposal. Certifications sections must be completed and if incomplete may delay the issuance of a subaward.

INSTITUTIONAL AUTHORIZATION

A proposal will not be accepted until it has been signed by an authorized institutional official. Please include the date the proposal is signed.

AUDIT STATUS

This section must be completed prior to issuing a subaward. If the subrecipient's A-133 audit report is available on-line, please include the URL (www._____)

Notes: