

PO# -

SUBRECIPIENT COMMITMENT FORM (for NIH Funded modifications)

SUBRECIPIENT INFORMATION:

FEIN Number (Do not enter a social security number):

DUNS Number:

Prime Sponsor (NSF, NIH etc):

Section A: Certifications (check all that apply)

1. Public Health Service Financial Conflict of Interest (applicable to projects funded by PHS/NIH, or any other program requiring DHHS Financial Conflict of Interest disclosure)

Please check the appropriate responses below

- Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), or any other sponsor that has adopted the federal financial disclosure requirements (NSF, etc.).
Subrecipient Organization/Institution 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 45 CFR Part 94 "Responsible Prospective Contractors."
Subrecipient does not have an active and/or enforced conflict of interest policy, but will have a PHS compliant policy in place and published at the time of award.
I will follow the Conflict of Interest policy established and enforced by the University of California

Disclosure of FCI Form Attached

- Subrecipient PI Name:
Investigator/Key Personnel:
Investigator/Key Personnel:
Investigator/Key Personnel:
Investigator/Key Personnel:

2. 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 No (If "yes," please explain in Section D Comments below.)

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 government agency.
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 commissions of 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

Section B: Audit Status (check all that apply)

1. Does the subrecipient receive an annual audit in accordance with OMB Circular A-133? **Yes** **No**
 Note: A complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to UCSD Sponsored Projects before a subaward can be issued.

Were any audit findings reported? (If "Yes," please explain.) **Yes** **No**

Please attach a complete copy of your most recent A-133 audit report (pdf or other electronic file is fine) or provide the URL link to a complete copy:

Subrecipient does not receive an annual audit in accordance with OMB Circular A-133. In this case you will need to complete and return the attached Sub-Recipient A-133 Mini-Audit Questionnaire that follows.

Subrecipient is a:

- Non-profit entity (under federal funding threshold)
- Foreign entity
- For profit entity
- Government entity

Section C: Comments

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

 Name and title of Authorized Institutional Representative

 Date

 Email Address

email to: buscon@ucsd.edu, (department contact)

SUBRECIPIENT FINANCIAL DISCLOSURE FOR PHS-FUNDED RESEARCH

In accordance with the University of California's Disclosure of Financial Interests & Management of Conflicts of Interest, Public Health Service (PHS) Research Award Policy, all subrecipient investigators who share responsibility for the **design conduct or reporting** of sponsored projects must disclose their personal **Significant Financial Interests** in any entity(ies) that are directly related to the scope of the subrecipient organization's work for this PHS-Funded research project.

I. Investigator Information

First Name		Last Name	
Subrecipient		Email Address	
Role on Project		Phone Number	

II. Project Information

Project Title			
Type of		Funding Agency	
Subaward Begin Date		Subaward End Date	
Subaward Amount		UCSD PO No. (if	

III. Disclosure

For the purposes of this form, a **Significant Financial Interest** consists of one or more of the following interests of the Investigator (and those of the Investigator's Spouse, registered domestic partner and/or dependent children):

Publicly-Traded Entity: any income received from entity in 12 months preceding disclosure and value of any equity interests in entity of date of disclosure exceeding \$5,000 when combined for an investigator, investigator's spouse, and dependent children from a single Entity (Business, Public or Nonprofit) including salary consultant payments honoraria, royalty payments, dividend, loan or any other payments or consideration with value. Equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value;

Non-Publicly-Traded Entity: Any remuneration received from entity in 12 months preceding disclosure, when combined, exceeds \$5,000; or when Investigator holds any equity interest (e.g., stock, stock option, or other ownership interest). Exclude income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education;

Intellectual property rights and interests, upon receipt of income, exceeding \$5,000 during the twelve months preceding disclosure from such rights and interests. However, **Significant Financial Interests** do **NOT** include royalties received from the Investigator's employer.

Travel: Sponsored travel or reimbursements made to or on behalf of, the Investigator, regardless of amount, by a for-profit or non-profit entity directly related to the Investigator's scope of work for this PHS-funded research project. However, Significant Financial Interests do NOT include travel reimbursed or paid by a federal, state, or local government agency, a U.S. institution of higher education, or a research institute, academic medical center or hospital affiliated with an institution of higher education

Not a **Significant Financial Interest:** Any payments made by your Employer, including salary, royalties, honoraria, expense reimbursement, stock options or any other remuneration.

A. Publicly Traded Entity

Equity Interest + Compensation

1. Do you have a financial interest in a publicly traded entity that exceeds \$5,000? *When determining your response to this question, please add the value of any equity interest held as of the date of this disclosure and any compensation received from the entity in the twelve months preceding this disclosure.*

Yes No

B. Non-Publicly Traded Entity

Equity Interest

2. Do you currently own, or have held in the past 12 months, an equity interest in **any** Non-Publicly Traded entity?

Yes No

Compensation

3. Have you received any compensation, in the past 12 months, exceeding \$5,000, from **any** privately-traded entity?

Yes No

C. Intellectual Property Rights and Interests

4. Have you received any payments in excess of \$5,000 during the twelve months preceding this disclosure for any intellectual property rights and interests?

Yes No

D. Travel Reimbursement/Sponsorship

5. Has any organization sponsored or reimbursed you for any travel you have taken that is directly related to your work for the PHS-funded subcontract?

Yes No

IV. Acknowledgment and Certification

I **acknowledge** that by typing my name below that it is my responsibility to disclose, within 30 days, any new SIGNIFICANT FINANCIAL INTERESTS obtained during the term of the above proposed project. I certify, to the best of my knowledge, that this is disclosure of SIGNIFICANT FINANCIAL INTERESTS related to the proposed research project is complete and accurate.

NAME _____

DATE _____

SUB-RECIPIENT A-133 MINI-AUDIT QUESTIONNAIRE

(In the event Subrecipient does not receive an annual audit in compliance with OMB Circular A-133 as discussed in Section B, above)

[OMB Circular A-133](#) requires monitoring of sub-recipients receiving Federal financial assistance to carry out a program under prime awards to the University of California. The purpose of this questionnaire is to help us determine the status of your organization's compliance with the main Federal requirements which follow Federal assistance funds. The following questions should be answered by the Independent Auditor (CPA) or Chief Financial Officer of your organization.

THRESHOLD QUESTIONS

1. Does your organization have a cognizant Federal agency for A-133 purposes? yes no
 - i. If YES, **please indicate the cognizant agency and a means of verification in your response and provide a complete copy of the most recent Audit Report.** No further responses are requested. The cognizant agency is responsible for assuring your organization's compliance with Federal audit requirements.
 - ii. If NO please complete the Financial Status Questionnaire below.
2. Is your organization exempt from OMB Circulars A-133? yes no
 - i. If yes, please indicate the reason below and complete the Financial Status Questionnaire below.
 - ii. If NO, it appears you must complete or initiate an A-133 Audit. Please advise of status below.

FINANCIAL STATUS QUESTIONNAIRE

3. Does your organization have its financial statements reviewed by an independent public accounting firm? yes no **if so, please enclose a copy of your most recent audited financial report with your response.**
4. Are duties separated so that no one individual has complete authority over an entire financial transaction? yes no
5. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts? yes no
6. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a governmental agency or independent public accountant? yes no If yes, please explain.

CASH MANAGEMENT

7. Are Federal funds deposited in a separate bank account or accounted for through grant-loan fund control accounts? yes no
8. Are all disbursements properly documented with evidence of receipt of goods or performance of services? yes no
9. Are all bank accounts reconciled monthly? yes no

PAYROLL

10. Are payroll charges checked against program budgets? yes no
11. What system does your organization use to control paid time, especially time charged to sponsored agreements?

PROCUREMENT

12. Are there procedures to ensure procurement at competitive prices? yes no

13. Is there an effective system of authorization and approval of: Capital equipment expenditures?
Travel expenditures?

PROPERTY MANAGEMENT

14. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

yes no

15. Are there effective procedure s for authorizing and accounting for the disposal of property and equipment?

yes no

16. Are detailed property records periodically checked by physical inventory? yes no

17. Briefly describe the organization's policies concerning capitalization and depreciation.

COST TRANSFERS

18. How does the organization ensure that all cost transfers are legitimate and appropriate?

INDIRECT COSTS

19. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? yes

no

Explain.

20. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants? yes no

COST SHARING

21. How does the organization determine that it has met cost-sharing goals?

COMPLIANCE

22. Does your organization engage in any lobbying or partisan political activity which is charged, directly or indirectly, to a federally-assisted program? yes no

23. Does your organization have a formal system for complying with the Davis -Bacon Act? yes no

24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements? yes no

25. Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds? yes no

26. Is your organization familiar with Federal financial reports so that they will be completed in an accurate and timely manner when required? yes no

27. Under which program(s) if any, does your organization receive Federal Student Financial Assistance Funds?

28. What was the dollar volume of Federal awards to your organization during the last fiscal year?

29. Please provide a list of recent grants, contracts or cooperative agreements your organization has received from UCSD (please include Subaward or PO #s).

Attachments

- Y **(REQUIRED)** Recent Financial Statements External Review or Audit Report
- Y N Financial Statements, Audited or Unaudited
- Y N Indirect Cost Rate Agreement
- Y N List of Awards from UCSD

Name and Title of person completing questionnaire:

Electronic signature accepted. No hardcopy required.

Date