Western University of Health Sciences — Subrecipient Commitment Form

All subrecipients must submit this form when submitting a proposal to Western University of Health Sciences. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized official to sign.

Subrecipient's Legal Name: _____

Subrecipient's UEI# _____ **Subrecipient's Tax ID**_____

Are you registered in SAM? ☐ **yes; Expiration Date:** _____ ☐ **no** **Congressional District**_____

Subrecipient's PI: _____

WesternU's PI: _____

Prime Sponsor: _____

Submitted Proposal Title:

_____

Anticipated Period of Performance Begin Date: _____ **End Date:** _____

Total Direct Costs Requested: _____ **F&A Costs:** _____ **Total Costs:**_____

Section A CERTIFICATIONS

The attached Statement of Work will include one or more of the following (check all that apply):

☐ Human Subjects (if checked, enter U.S. Federal-Wide Approval No.)_____

No FWA# is available ☐

☐ Vertebrate Animal Research (if checked, enter U.S. Animal Welfare Assurance No.) _____

No AWA# is available ☐

☐ Hazardous Materials (if checked, is an institutional Hazardous Material Plan in place? ☐ **Yes** ☐ **No**

Conflict of Interest (applicable to any sponsor that has adopted the federal financial disclosure requirements)

☐ Not applicable because this project is not being funded by NIH, or any other sponsor that has adopted the federal financial disclosure requirements.

☐ Subrecipient organization/institution 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." Subrecipient also certifies that, to the best of Institution's knowledge (1)all financial disclosures 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 and hereby agrees to abide by WesternU's policy, available at https://www.westernu.edu/research/committees/financial-conflicts-of-interest/

Debarment, Suspension, and Other Responsibility Matters

Subrecipient also certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving funds from any Federal department or agency; it is not delinquent on any Federal debt; it is in compliance with the Drug Free Workplace Act of 1988; it is in compliance with 42 CFR par 50 (Objectivity in Research) regarding financial conflict of interest; no Lobbying was performed with regard to the proposal; and assurances are on file for Misconduct in Science, Civil Rights, Handicapped Individuals, Sex Discrimination and Age Discrimination.

Audit and Access to Records

Subrecipient certifies by signing this subrecipient commitment form that is complies with the Uniform Guidance, will provide notice of the completion of required audits and any adverse findings which impact this subaward as required by parts 200.501-200.521, and will provide access to records as required by parts 200.336, 200.337, and 200.201 as applicable.

SECTION B Proposal Documents REQUIRED and ATTACHED

☒ Statement of Work

☒ Budget and Budget Justification *(including cost sharing amounts and justification)*

Cost Sharing ☐ **yes** ☐ **no** Total Amount:_____.

☒ Facilities and Administrative Rate Agreement; not required if available on subrecipient website; must provide url: _____.

If subrecipient does not have a negotiated rate agreement, select "Other rate" and add justification, ie.; The de minimis rate of 10% is charged)

☐ Other Rate:_____ Fringe Benefit Rate: _____.

☒ Subrecipient Commitment Form, completed and signed by subrecipient's authorized official

☐ Other: _____

☐ Other: _____

Section C Audit Status

Does the subrecipient receive an annual audit in accordance with 2 CFR Subpart F 200.501? ☐ Y**es** ☐ **No**

- ***If "yes"***: Fiscal year ending of most recent audit _____ .
  - Is audit available in the Federal Audit Clearing house? ☐ **Yes** ☐ **No** *(If no, complete WesternU's A133 certification on page 2 and submit required documentation with Subrecipient Commitment Form.*

- ***If "No"*** subrecipient must complete, WesternU's A133 certification on page 3 and Federal Subrecipient Questionnaire on pages 4 & 5. The A133 certification and Federal Audit Questionnaire which must be returned with Subrecipient Commitment Form.

Signature of Authorized Official

The Appropriate programmatic and administrative personnel involved in the application are aware of applicable sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and cost to be incurred in the performance of the proposed project.

Authorized Signature: _____ Date: _____

Print Name & Title: _____

A-133 Certification

Requirement & Certifications

Western University of Health Sciences is required to ensure that your institution complies with the requirements of the code of Federal Regulations, Title 2 CFR Part 200, Subpart F "Audit Requirements." This certification is required because audit information for your organization is not available in the Federal Audit Clearinghouse. Please check the appropriate response and return this certification and applicable reports to grantsandcontracts@westernu.edu.

☐ We have completed our A-133 audit for FY _____. The audit presented no material weaknesses, no material instances of noncompliance, and no findings. Therefore, we are not enclosing a copy of the audit report.

☐ We have completed our A-133 audit for FY _____. Material weaknesses, material instances of Noncompliance or findings were noted. Attached is a copy of the audit report, management letter, and our response. *(Documents are required even if finding is not related to a WesternU award).*

☐ We have not completed our A-133 audit for FY _____.The expected date of completion is _____.

If you are not subject to A-133 Single Audit, please provide your institution's most recent financial audit along with this certification that includes the below confirmations to the email above:

☐ We are not subject to A-133 because we are:
- ☐ A for-profit organization.
- ☐ A recipient of less than $750,000 of federal funds.
- ☐ Incorporated outside of the United States
- ☐ Other

☐ Institution or organization has the ability to use separate accounts for US Federal Funds.

☐ Responsible parties are aware of, understand, and implement US Federal requirements per 2 CFR Part 200, as well as applicable Federal Agency grants policy statements.

Name of Subrecipient & Signature of Authorized Official

Legal Name of Subrecipient: _____

Name & Title of Authorized Official: _____

Signature of Authorized Official: _____

Mailing Address: _____

Email & Phone No.: _____

Federal Subrecipient Questionnaire

Required for Organizations not subject to receive an annual audit in accordance with 2 CFR Subpart F

ORGANIZATION DATA

Subrecipient's Legal Name: _____ Subrecipient's DUNS No. _____
Address: _____ Tax ID No. _____
_____

Organizational Type: ☐ Non-Profit ☐ For-Profit ☐ Educational ☐ State/Local Govt.
Total Number of Employees: Full Time _____ Part Time_____
Subrecipient Fiscal Year End Date (Month/Day): _____

QUESTIONNAIRE

Please answer the following questions so we may document your awareness and understanding of the accounting and federal regulations required under the subaward that will be issued to you. Accepting an award from Western University of Health Sciences creates a legal duty for the sub-recipient to use the funds according to the award agreement and U.S. federal regulations.

1. Is an independent financial audit performance completed annually for your organization?
   ☐ Yes ☐ No. If yes, date of last audit: _____ Fiscal Period Audited:_____
   Copy must be attached to completed questionnaire or provide the web address below:
   _____.

2. What books of account are maintained? *(check all that apply)*
   ☐ General Ledger ☐ Cash Receipt Journal ☐ Project Cost Ledger ☐ Payroll Journal
   ☐ Cash Disbursements Journal

3. Does the accounting system provide for the recording of grant/contract costs according to categories of the approved budget? ☐ Yes ☐ No

4. Are time distribution records maintained for each employee to account for his/her effort? ☐ Yes ☐ No

5. Does the system identify the receipt and expenditure of funds separately for each grant or contract?
   ☐ Yes ☐ No

6. Can your accounting records record expenditures according to budget categories such as salaries, supplies, travel and equipment? ☐ Yes ☐ No

7. Does the system provide for the recording of cost sharing/matching for each project, and ensure that documentation is available to support recorded cost sharing/matching? ☐ Yes ☐ No

8. Are asset inventory records maintained? ☐ Yes ☐ No How often do you compare inventory records to the actual equipment? _____.

9. How does the organization ensure that all cost transfers are appropriate and processed timely?

   _____
   _____

If the response is “No” to any of the above, please explain how your organization will be able to fully account and separately track federal funding coming to your organization:

_____
_____
_____

ATTACHMENT

Please return the following documents along with the completed questionnaire:

1. A copy of the most recent annual audit and financial statements or provide the URL below:
   _____
2. A list of individuals authorized to sign on behalf of the organization.
3. Indirect Cost Rate Agreement, if applicable.
4. Other documents necessary to demonstrate ability to manage US funds as required by 2 CFR Part 200.

AUTHORIZED OFFICIAL

_____	_____
Name & Title	Signature
_____	_____
Address	City, State, Zip
_____	_____
Phone	Email