

Subaward Commitment Form
University of Oklahoma Health Sciences Center - Office of Research Administration

SECTION A: Organization Information

<hr/> <p>Legal Name of Subrecipient Organization/Institution</p>	<hr/> <p>Subrecipient PI</p>	
<hr/> <p>Address</p>	<hr/> <p>City, State, Zip</p>	
<hr/> <p>Federal Employer Identification Number</p>	<hr/> <p>DUNS or DUNS+4 number</p>	<hr/> <p>Congressional District/s</p>
<hr/> <p>University of Oklahoma Health Sciences Center Prime Sponsor</p>	<hr/> <p>OUHSC PI</p>	

SECTION B: Subrecipient Contacts

Administrative Contact

Name:

Address:

Telephone:

Fax:

Email:

Project Director/Principal Investigator Contact

Name:

Address:

Telephone:

Fax:

Email:

Financial Contact

Name:

Address:

Telephone:

Fax:

Email:

Authorized Official Contact

Name:

Address:

Telephone:

Fax:

Email:

Subaward Commitment Form
University of Oklahoma Health Sciences Center - Office of Research Administration

SECTION C: Project Information

Project Title:	_____		
Period of Performance:	_____	to	_____
Performance Site Address	_____		
If same as above, enter N/A	_____		
Congressional District	_____		
Direct Cost	Indirect Cost	Total Project Cost	
_____	_____	_____	

1. Will **Human Subjects** be involved in this project? **Yes** **No** **Approval Date:** _____

If YES, copies of the IRB approval and approved "Informed Consent" form must be provided before a subaward may be issued. Please forward these documents to the OUHSC administrative contact as soon as they become available.

If YES, have all key personnel involved completed Human Subjects Training? **Yes** **No**

a. Does Subrecipient have a Federal-wide Assurance (FWA) Number? **Yes** **No**

If YES, please provide FWA Number: _____

b. Is Subrecipient's IRB AAHRPP accredited? **Yes** **No**

2. Will **Animal Subjects** be involved in this project? **Yes** **No** **Approval Date:** _____

If YES, a copy of the IACUC approval must be provided before a subaward may be issued. Please forward this document to OUHSC administrative contact as soon as it becomes available.

a. Does Subrecipient have a PHS Animal Welfare Assurance (AWA) Number? **Yes** **No**

If YES, please provide PHS AWA Number: _____

b. Is Subrecipient's IACUC AAALAC accredited? **Yes** **No**

The following documents are attached to this **Subrecipient Commitment Form** and included in Subrecipient's proposal submission for OUHSC's consideration and are covered by the certifications below: *(check as applicable)*

- Statement of Work** (required)
- Budget and Budget Justification** (required) – If multi-year subaward, include budget for each budget year.
- Facilities and Administrative Rate Agreement** (required) – If no agreement in place, check here
F&A rate agreement URL: _____
- Fringe Benefits rate agreement (required if applicable)**
Fringe Benefit rate agreement URL: _____
- Certificate of Current Cost or Pricing Data** (required for awards exceeding \$500,000 and where price was not established by adequate price competition by catalog prices or by law. Nonprofit subrecipients are exempt from this certification when the agreement type is cost-reimbursable no-fee)
- Small/Small Disadvantaged Business **Subcontracting Plan**, in agency-required format *(if subcontracting \$650,000 or more)*
- Biosketches** of all Key Personnel, in agency-required format
- Other:**

Subaward Commitment Form
University of Oklahoma Health Sciences Center - Office of Research Administration

SECTION D: Conflict of Interest

Conflict of Interest Policy Certification-Please select one of the following that applies to the Subrecipient:

- Not applicable: This project is not being funded by flow-through funds from NIH, NSF, or other sponsor that has adopted the PHS federal financial disclosure requirements.
- Subrecipient 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 its 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 expenditures of any funds under any resultant agreement.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by OUHSC policy

SECTION E: Comments

APPROVED FOR SUBRECIPIENT

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of awarding agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Any work performed and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk. No monies shall be paid out to Subrecipient until subaward agreement is fully executed.

Signature of Subrecipient's Authorized Official

Date

Printed Name

Title of Authorized Official