# Public Health Institute (PHI) Subrecipient Commitment Worksheet

**Section I: Project Information**

CA4Health/CTG California Community Transformation Initiative

## Project Title

Mary Pittman From 9/30/2013 to 9/29/2014

## Name of PHI Principal Investigator Period of Performance

**THE FOLLOWING DOCUMENTS ARE REQUIRED**

## ☒ Budget and Budget Justification, in funder‐required format

☒ **Statement of Work**

☒ **Letter of Commitment on Subrecipient’s Letterhead**

☒ **Biosketches or CVs of all Key Personnel, in funder‐required format**

☒ **Institution’s Negotiated Indirect Cost Rate Agreement (NICRA), if applicable**

* **Human Subjects Certification**
* **Other**

**Section II: Subrecipient Information**

1. **SUBRECIPIENT INFORMATION**

**DUNS or DUNS +4,** if applicable: **FEIN Number Congressional District Registered in SAM** (www.sam.gov) ☐ Yes ☐ No **Expiration Date**

## Subrecipient Legal Name

**Address of Subrecipient**

**Address Line 2**

**Address of site where project will be performed, if different**

**Subrecipient PI Name**

**Telephone Number Fax Number Email Address**

1. **INDIRECT COST OR FACILITIES & ADMINISTRATIVE RATES IN THIS PROPOSAL HAVE BEEN CALCULATED BASED ON**
   * **Federally‐negotiated IDC/F&A rates for this type of work.** (**If checked**, please attach a copy of your rate agreement or

provide a link to the agreement)

* + **Other rates** (please specify and support the basis on which the rate has been calculated)

# Section III: Compliance Information

1. **RESEARCH SUBJECT COMPLIANCE INFORMATION**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | **Human Subjects will be involved in the subrecipient's portion of this project.** |
|  | | **If yes,** please provide your organization's OHRP approved FWA#: |
| (If your organization does not have a FWA #, include an explanation on how your organization will comply with  U.S. Federal regulations and policies for the protection of human subjects.) |

1. **FINANCIAL CONFLICT OF INTEREST**
   * Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial

disclosure agreements.

* + 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." 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 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 PHI's policy located online at: PHI Research Conflict of Interest Policy

1. **DEBARMENT AND SUSPENSION**
   * Yes ☐ No 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?

Subrecipient certifies it:

* + Is ☐ Is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
  + Is ☐ Is not presently indicted for, or otherwise criminally or civilly charged by a government entity
  + Is ☐ Is not within 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 of 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.
  + Is ☐ Is not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

1. **AUDIT STATUS (CHOOSE ONE ANSWER)**

## Subrecipient receives an annual audit in accordance with OMB Circular A‐133

Most recent fiscal year completed: FY

Were any audit findings reported? ☐ Yes ☐ No (**If yes**, explain in Comments, Section L on page 3) Please attach a copy of your most recent A‐133 audit report or provide the URL link to complete copy.

## —OR—

* + **Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A‐133.**

Please complete the Audit Certification and Financial Status Questionnaire on page 4. A limited scope audit may be required before a subaward will be issued.

**G. AFFIRMATIVE ACTION COMPLIANCE**

Under Section 503, employers that have both a federal contract or subcontract of $50,000 or more, and 50 or more employees, must prepare, implement, and maintain a written affirmative action program.

* Yes ☐ No Subrecipient represents it receives greater than $50,000 in federal funds and has more than 50 employees.
* Yes ☐ No **If yes**, Subrecipient represents it has a written Affirmative Action Plan.

**H. FUNDER SALARY LIMITATIONS**

☒ Yes ☐ No Subrecipient agrees to abide by any funder guidelines for salary limitations. For this grant, the salary cap is **$179,700**.

# Section IV: Other

**I. SMALL BUSINESS CONCERN**

* Yes ☐ No Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

**If yes**, Subrecipient represents that it is a:

* + Small disadvantaged business as certified by the Small Business Administration
  + Women‐owned small business concern
  + Veteran‐owned small business concern
  + Service‐disabled veteran‐owned small business concern
  + HUBZone small business concern

**J. SUBRECIPIENT OWNED OR CONTROLLED BY A PARENT ENTITY**

* Yes ☐ No Is Subrecipient owned or controlled by a parent entity?

**If yes**, please provide Parent Entity Legal Name:

**K. APPROVAL 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 agency policy 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. No work involving human subjects may begin until the subrecipient has obtained registered Institutional Review Board review and approval.**

Signature of Subrecipient’s Authorized Official Date

Name and Title of Authorized Official Legal Name of Subrecipient’s Organization/Institution

Email Phone

1. **COMMENTS:**

# Section V: Audit Certification and Financial Status Questionnaire

## To be completed by organizations that DO NOT receive an annual audit in accordance with OMB Circular A‐133

1. **GENERAL INFORMATION**

Subrecipient is:

|  |  |  |
| --- | --- | --- |
|  | ☐ | Non‐profit entity (under federal funding threshold: expended less than $500,000 in Federal awards during the most recent fiscal year) |
| ☐ | Foreign entity |
| ☐ | For profit entity |
| ☐ | Government entity |
| * Yes | * No | Does your organization have annual financial statements? Are financial statements reviewed by an independent public accounting firm? **If yes**, attach a copy with your response. |

**N. FINANCIAL RESPONSIBILITY**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | Are there controls in place to segregate duties to prevent one individual from initiating and authorizing an entire finance transaction? |
| * Yes | * No | Does your organization have controls to prevent expenditure of funds in excess of approved and/or budgeted amounts? |
| * Yes | * No | Other than its financial statements, has any aspect of your organization's activities been audited within the last |
|  |  | two years by a government agency or independent public accountant? |
|  |  | **If yes**, please explain. |

**O. CASH MANAGEMENT**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | Are all disbursements properly documented prior to payment? |
| * Yes | * No | Are all bank accounts reconciled monthly?  **If no**, please explain. |

**P. FISCAL CONTROLS**

* Yes ☐ No Does your organization use a payroll system that controls paid time and effort charged to sponsored projects?
* Yes ☐ No Are sponsored agreements charged only for hours worked specific to the effort expended on the agreements?

**If no**, describe method of allocation and indicate whether it was approved by a federal agency (indicate agency

name and provide certification if applicable).

|  |  |  |
| --- | --- | --- |
| * Yes | * No | Are there procedures to ensure procurement is performed in a method that promotes fairness, openness and |
|  |  | competition? |
| * Yes | * No | Does your organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all agreements? |
| * Yes | * No | How does your organization ensure that all cost transfers are legitimate and appropriate? |