

SUBRECIPIENT COMMITMENT FORM (A-133)



Office of Sponsored Programs & Contract Management
 Western University of Health Sciences
 309 E. 2nd Street
 Pomona, Ca 91766
 Ph: (909) 469-5567

*To be compliant with 2 CFR 200 Subpart D 200.330-2 subaward monitoring and comply with FFATA reporting requirements, all subrecipients (also known as subcontractors, subawardees, etc.) are to complete this form package when submitting a proposal to **WesternU** as a subcontractor. All forms have to be signed by an authorized representative and submitted to the **Office of Sponsored Programs & Contract Management** a minimum of (5) working days before the sponsor deadline for inclusion as a subcontractor in proposals submitted by **WesternU**. All boxes in **dark red must be completed**.*

WesternU Proposal Information (Prime Recipient) Proposal Number:

Western University of Health Sciences

309 E. 2nd Street

Pomona, Ca 91766

Congressional District: CA-038

CCR/SAM.gov annual re-certification date: 4/1/2015

DUNS: 093373694

EIN: 1953-1272-73A1

This section for office use only

	Name	Email:	Phone:
Authorized Official:	Steven J. Henriksen, PhD	shenriksen@westernu.edu	(909) 469-5299
Administrative Contact:	Matthew Katz, MHA	mkatz@westernu.edu	(909) 469-5567
Financial Contact:	Nancy Ryker	nryker@westernu.edu	(909) 469-5458
WesternU PI Name:			
Prime Sponsor:			

Project Title:	
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Subrecipient Name: _____

Proposal Due Date:	
Performance Period:	_____ to _____
Link to Agency Guidelines:	http://_____

Required Subrecipient Institutional Information

Legal Entity's Name:					
Street Address					
City:		State:		Zip:	
Phone:		Email Address:		Congressional District:	
CCR/SAM.gov annual re-certification date:		DUNS:		EIN:	

Subrecipient contact information:

	Name:	Email Address:	Phone (incl. area code):
Legal Entity's Authorized Official:			
Administrative Contact:			
Financial Contact:			
Subrecipient PI name:			
Project Title (if different from WesternU title):			
Proposal Due Date:	_____	Performance Period:	_____ to _____

Subrecipient Name: _____

Is the Place of Performance (POP) the same address as above?

Yes		No	
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If no, fill out address:

POP street address:		POP City:		State:	
Zip+4 Digit Code:		Country:		Phone:	
Email (if different):					

Remittance Address: Check if same as the *Legal Entity's Address Above* If no, please enter address:

Remittance Street Address		City:		State:	
Zip+4 Digit Code:		Country:			

CCR/SAM.gov registered*:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annual Re-Certification Date:	
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*Applicable for receipt of Federal Funds **

CAGE Code: (Commercial and Government Entity)		Institution Type (i.e. private, public, corporation, etc.):	
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Total Funds Requested*: \$	
Cost Share Contribution (*If Applicable): \$	

**Amounts subject to change based on Prime Agency Award.*

Subrecipient Name: _

Purpose for subaward/brief description of subaward for FFATA reporting requirements (MANDATORY FIELD, if no description is provided, form will be returned):		
[Empty space for description]		
Would you prefer to receive purchase orders via	<input type="checkbox"/> fax	or <input type="checkbox"/> email

Short description of the product/service being provided to WesternU:
[Empty space for short description]

Direct Deposit Program

Do you want Direct Deposit?

Yes → (Complete Direct Deposit Authorization Block)	No → (Complete Decline Direct Deposit Program in this section)
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Financial Institution Information

Account Type:	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Financial Institution Name: Routing Number (9-Digits):	[Empty space]
Account Number (max 17 characters):	[Empty space]

Decline Direct Deposit Program

If you do not wish to participate in the direct deposit program, sign below.

Subrecipient Name:

Signature:			
Printed Name:		Date:	

Subrecipient Proposal Required Documents*

***All incomplete packages will be returned**

- Subrecipient Commitment Form (this form) completed and signed by authorized representative
- Full Statement of work
- Contacts Information (PI and Subrecipient contact information)
- Budget and Budget Justification, in agency-required format
- Approved Cost Share Budget (if applicable)
- Biosketches of all Key Personnel, in agency-required format
- Other

Certifications and Assurances

Audit Status

Certification and Representation:

Is your organization subject to OMB Circular A-133?

- Yes Please provide a website link or copy of your most recent audit
Link:
- No Please provide written certification from a corporate officer stating your most recent audit, by an independent auditor, identified no irregularities.

Does your organization adhere to the Federal Cost Accounting Standards of FAR Part 30?

- Yes
- No

Does your organization have a financial management system that provides for the control and accountability of project funds, property and other assets?

- Yes
- No

Check if you have formal, written policies that address the following:

- Pay Rates and Benefits
- Discrimination
- Travel
- Purchasing Procedures

Are you currently, or have you ever been, suspended or debarred by a federal or state agency in matters pertaining to WESTERNU subcontracts?

- Yes Please provide specific information on a separate page.
- No

Subrecipient Name: _____

Conflict of Interest (applicable to NIH, NSF or other sponsors that have adopted the federal financial disclosure requirements).

- 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 does not have an active and/or enforced conflict of interest policy and is opting to create and implement its own policy.
- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by WESTERNU’s policy: <http://www.westernu.edu/research/regulatory-affairs/research-conflicts-of-interest/>

Is Subrecipient a Member of the FDP Institutional Clearinghouse?

- Yes
- No

Human Subjects Yes No

If yes, IRB Approval will be required at just-in-time and at annual subcontract monitoring

Animal Subjects Yes No

If yes, IACUC Approval will be required at just-in-time and at annual subcontract monitoring

Recombinant DNA Yes No

If yes, IBC Approval will be required at just-in-time and at annual subcontract monitoring

Effort Certification

- Subrecipient certifies, if applicable, that it has and maintains an Institutional Plan to meet the prime sponsor’s requirements for Effort Certification

Responsible Conduct of Research (RCR)

- Subrecipient certifies, if applicable, that it has and maintains an Institutional Plan to meet the prime sponsor’s requirements for RCR
- Not applicable because this project is not being funded by either NSF or NIH

Subrecipient Approval

The subrecipient certifies that it is in compliance with all relevant rules and regulations relating to the conduct of this research and that the information, certifications, and representations listed in this subrecipient commitment form have been read, signed, and made by an authorized organizational representative of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of the agency policies in regard to subawards and are prepared to establish the necessary inter-organizational agreement consistent with those policies. Any work begun and/or expense incurred prior to execution of a subaward agreement are the subrecipient’s own risk. THIS IS NOT A BINDING SUBAGREEMENT, SUBAGREEMENT WILL BE ISSUED AS A SEPARATE DOCUMENT WHEN PRIME AWARD IS ISSUED.

We accept electronic or physical signatures on this form. Your electronic signature is the legal equivalent of your physical signature on this form.

Printed Name and Title	
Signature of Authorized Official	

Subrecipient Name: _____

<i>Date:</i>		<i>Email:</i>		<i>Phone:</i>	

I certify that the information provided on this form is, to the best of my knowledge, true, correct and complete.

Please complete and return this form to:

Email: mkatz@westernu.edu

Phone: (909) 469-5567

Thank you for your cooperation.

Subrecipient Name: _
