

Virginia Commonwealth University Subrecipient Commitment Form

For VCU Use Only:

PT/PD#: _____

SC#: _____

Subrecipient Legal Name: _____

Subrecipient PI Name: _____

Address: _____ City: _____ State: _____

Address where research will be performed: _____ City: _____ State: _____

Proposal Title: _____

Performance Period Begin Date: _____ End Date: _____

VCU's PI Name: _____

Prime Sponsor: _____

SECTION A – Proposal Documents

The following documents are included in our proposal submission and covered by the certifications/assurances below (check as applicable):

- ☐ **STATEMENT OF WORK** (required)
- ☐ **BUDGET AND BUDGET JUSTIFICATION** including any cost-sharing (required)
- ☐ F&A Rate Agreement - including fringe benefit information (required)
- ☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format
- ☐ Biosketches of all Key Personnel, in agency-required format
- ☐ Other: _____
- ☐ Other: _____

SECTION B - Certifications and Assurances

1. **Human Subjects** ☐ Yes ☐ No **IRB Approval data will be required at just-in-time**
2. **Animal Subjects** ☐ Yes ☐ No **IACUC Approval data will be required at just-in-time**
3. **Conflict of Interest** (applicable to NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

- ☐ Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has 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 ☐ is ☐ is not registered on the FDP Institutional Clearinghouse. 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; (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; and (3) all identified conflicts and resultant management plans will be reported to VCU's Office of Sponsored Programs to enable compliance with federal reporting requirements.
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and is opting to create and implement its own policy. A sample model policy and report form is located online at <http://sites.nationalacademies.org/Pages/fdp/Pages/061001>. Signature by the Authorized Official below indicates policy is in place and reporting has occurred as required.
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by Virginia Commonwealth University's policy, Conflict of Interests in Research, located online at <http://www.assurance.vcu.edu/Policy%20Library/Conflicts%20of%20Interest%20Policy.pdf>.
- ☐ Complete Attachment 1 if following VCU's policy.

APPROVED FOR SUBRECIPIENT

The information, certifications and assurances 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.**

Signature of Subrecipient's Authorized Official _____ Date _____

Federal Employer Identification Number (EIN) _____

Name and Title of Authorized Official _____

Address _____

Email _____

City, State, Zip _____

Subrecipient's Congressional District _____

DUNS or DUNS+4 number _____

VCU Activities and Interests Reporting for Subrecipients

VCU's Policy entitled "Conflicts of Interest in Research" will be incorporated into the subrecipient agreement at the time of award. Please review the Policy at

<http://www.assurance.vcu.edu/Policy%20Library/Conflicts%20of%20Interest%20Policy.pdf>.

Following review, the subrecipient PI should complete the following:

Subrecipient Legal Name_____

Subrecipient PI Name_____

Project Title:_____

VCU PI Name:_____

Subrecipient PI Designation of "COI Investigators"* for this project: None of the individuals meet the definition of COI Investigator**

COI Investigator Full Name_____

COI Investigator Full Name_____

COI Investigator Full Name_____

COI Investigator Full Name_____

COI Investigator Full Name_____

Contact name, phone and e-mail to obtain following data on "COI Investigator(s)" for account creation: Full Name, Date of Birth, SS#, Home Address, Phone and e-mail:_____

I certify that I, and all COI Investigators identified above, have read and understand VCU's Conflict of Interests in Research Policy, will make all required reports, and prior to expenditure of any awarded funds, if applicable, shall have reached an agreement with VCU for conditions or restrictions to reduce, manage, or eliminate any conflicts of interest under the policy.

Subrecipient PI Signature_____ **Date**_____

----- Instructions for VCU PI and PI Department:

Hold this Attachment 1 until just-in-time request has been received. At just-in-time, each of the individuals named above, including the Subrecipient PI, must be entered into the VCU Affiliate database. Once the names have been entered and a VCU eID is issued for each, the individuals should be instructed to log in to the VCUeRA [Activities and Interests Reporting System \(AIRS\)](#) to complete training and enter their financial interests. Access from any off-campus location or through the VCU Wireless system will require use of VCU's VPN (Virtual Private Network). Click here for link. Subrecipient agreement will not be executed until all reported FCOIs have been managed.

I certify that each individual identified above has been entered into the VCU Affiliate database, an eID has been created, and each individual has been instructed to enter their data in the VCUeRA AIRS.

VCU PI Signature_____ **Date**_____

*COI Investigator describes any individual, regardless of title, role or position, who is **responsible** for the design, conduct, or reporting of research. Individuals with such research responsibilities may be, but are not limited to, senior/key personnel, sub/co-investigator or subrecipient investigator, medical investigator, collaborator, consultant, student, trainee, or research coordinator. Exceptions include students or other personnel whose research activities are directly supervised. By considering an individual's degree of independence relative to the research, the Principal Investigator on the proposal or protocol designates those who meet the definition of 'Investigator.'

**ORIE Director Corroboration:_____ Date_____