



SECTION A: Institution Information

Legal Name of Organization: _____

Address: _____

City: _____, State: _____, Zip: _____

UEI #: _____ EIN #: _____ Congressional District: _____

Exemption #: _____ FWA #: _____

Business Office Official: _____

Yes No SAM Registered

SECTION B: Project Information

Title of Project: _____

Prime Awardee: _____ Sponsor: _____

Submission Date: _____ Period of Award: _____

Total Proposed Amount: \$ _____ IDC Rate: _____

Yes No Are Human Subjects Involved?

Yes No Is the IRB review pending?
 Approved Date _____

Our institution supports the above referenced research project and will facilitate conduct of this project.

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.

SECTION C: Proposal Documents

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

- Statement of work (required in all proposals)**
- Budget and Budget Justification (required in all proposals)**
- Biosketch for each Key Personnel, in agency-required format**
- F&A Rate Agreement**



SECTION D: Certifications

1. Conflict of Interest (applicable to PHS and 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 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; and (3) if an FCOI related to the work on Prime's award is identified, subrecipient will notify Harvard Pilgrim Health Care, Inc.'s Office of Sponsored Programs within 30 days of subrecipient PI's disclosure.
- Subrecipient does not have an active and/or enforced conflict of interest policy but will adopt the COI FDP Model Policy to be found at: http://sites.nationalacademies.org/PGA/fdp/PGA_061001

- NO conflicts of interest need to be disclosed at this time.
- YES, there are conflicts of interest to be disclosed. If yes, please complete Section F of this form.

2. 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? (if "Yes", explain in Section 4. *Comments below*)

The Institution certifies they: (answer all questions below)

- Are Not Are Presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- Are Not Are Presently indicted for, or otherwise criminally or civilly charged by a government entity.
- Have not Have Within three (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.
- Have not Have Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

3. Audit Status**3a. Annual Audit**

Yes No Institution receives an annual audit in accordance with the Uniform Guidance **(If "No," skip to section 3b)**

Most recent fiscal year completed: FY _____

Yes No Were any audit findings reported? **(If "Yes," explain in Section 4. Comments, below.)**

Please attach a complete copy of your most recent Uniform Guidance Single Audit (A-133) audit report or provide the URL link to a complete copy.

3b. Institution DOES NOT receive an annual audit in accordance with the Uniform Guidance (Select all that apply).

- Institution is a: Non-profit entity (under federal funding threshold)
- Foreign entity
- For profit entity
- Government entity

4. COMMENTS:**SECTION E: Authorized Official Approval**

The information, certifications and representations above have been read, signed and made by an authorized official of the Institution named herein. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Institution's own risk.**

Signature of Institution's Authorized Official

Signature of Principal Investigator

Name and Title of Authorized Official

Name of Principal Investigator

Date: _____

Date: _____



SECTION F: Institution FCOI Disclosure Form

If there is an FCOI, please complete the following

1. Name of Investigator with FCOI: _____

2. Name of the entity with which the investigator has an FCOI:

3. Nature of FCOI (e.g., equity, consulting fees, travel reimbursement, honoraria):

4. Value of the financial interest

\$5,000 - \$9,999

\$10,000 - \$19,999

Amounts between \$20,000 - \$100,000 by increments of \$20,000: Amount: \$ _____

Amounts about \$100,000 by increments of \$50,000: Amount: \$ _____

Statement that a value cannot be readily determined:

5. Provide a description of how the financial interest relates to this federally-funded research and the basis for the institution's determination that the financial interest conflicts with such research:

6. Provide the key elements of the institution's management plan: