SUBRECIPIENT:       SUBRECIPIENT’S PI:

SUBRECIPIENT UEI#:       \_\_\_\_\_ SURECIPIENT EIN#:

TEACHERS COLLEGE PI:       PRIME SPONSOR:

PROPOSAL TITLE:

PERFORMANCE PERIOD: BEGIN:       END:

SUBRECIPIENT AMOUNT REQUESTED:       FIXED Or COST REIMBURSABLE:

DOCOUMENTS TO PROVIDE

Attached

[ ]  Copy of Audit (A-133/A-81) verification or URL link to a complete copy.

[ ]  Copy of F&A Rate

[ ]  Financial Status Questionnaire (If appl.)

[ ]  IRB Approval & Informed Consent (If appl.)

 **- Certifications & Compliance**

**Debarment, Suspension, Proposed Debarment of Organization**

Subrecipient certifies that they: (answer all questions below)

[ ]  Are [ ]  Are Not presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal Contracts.

[ ]  Are [ ]  Are Not presently indicted for, or otherwise criminally or civilly charged by a governmental entity.

[ ]  Have [ ]  Have Not 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 or 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 [ ]  Have Not within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency.

**Subrecipient Financial Conflict of Interest (FCOI) Policy**

In accordance with U.S. Public Health Service (PHS) regulations on financial conflict of interest in research, Teachers College requires disclosure of financial conflicts of interest by its PHS- funded subcontractors and award subrecipients. Should the application named above be funded, your institution will participate in this research project as a subrecipient in relationship with the College.

(Applicable to PHS-funded research and other sponsors adopting the federal financial disclosure requirements)

[ ]  Not applicable, as this project is not funded by PHS or any other sponsor that has adopted these financial disclosure requirements.

[ ]  Subrecipient hereby certifies that it has an active and enforced FCOI 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.

[ ]  As a Subrecipient, I have a **pending** FCOI policy established or we will adopt and implement Teachers College, Columbia University’s policy prior to execution of the subaward agreement that is compliant with PHS policy using the [Federal Demonstration Partnership (FDP) Model Policy](http://sites.nationalacademies.org/PGA/fdp/PGA_061001) as a guide.

This confirmation will be required prior to the commencement of any work at your site and the release of any subaward funds to you. If you do not have the required conflict of interest policy in place, the University cannot issue a subaward to your institution. The Federal Demonstration Partnership has developed a model policy and disclosure form that you may choose to use as a template. These materials are available at http://sites.nationalacademies.org/PGA/fdp/PGA\_061001

List the names of individuals working on this project who are responsible for design, conduct or reporting of the research. Attach PHS Disclosure of Financial Conflict of Interest Form for each individual named below.

Disclosure of FCOI Form Attached

Subrecipient PI Name:       [ ]

Investigator:       [ ]

Investigator:       [ ]

Investigator:       [ ]

**Affirmative Action Compliance**

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than 50 employees and subaward will be for $50,000 or more, you are required to have a written affirmative action program, indicate whether your organization has a written affirmative action program:

[ ]  Yes, we have a written affirmative action program developed and on file.

[ ]  No, we do not have a written affirmative action program.

[ ]  Not applicable, as we have less than 50 employees or anticipate subaward amount less than $50,000.

**Human Subjects**

**Human Subjects [ ]**  Yes [ ]  No **If “Yes”, has the study been** [ ]  Approved or [ ]  Pending

Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to Teachers College’s PI as soon as they become available. In accordance with Teachers College policy, Teachers College’s IRB must conduct a secondary review of the subaward work and issue a companion approval, required before any subaward will be issued.

***If "Yes"*: Have all key personnel involved completed Human Subjects Training? [ ]  Yes[ ]  No**

**- Conduct of Research *(If Appl.)***

**NSF Responsible Conduct in Research (RCR)**

[ ]  Not applicable. This project is not providing NSF funding to undergraduate students, graduate students, or postdoctoral researchers.

[ ]  Subrecipient certifies that it maintains an Institutional Plan to meet NSF’s Educational Requirements for the Responsible Conduct of Research, as required under the “America COMPETES Act” PUBLIC LAW 110-69-August 9, 2007, and Subrecipient has a training program in place and will train all NSF-funded undergraduate students, graduate students, and postdoctoral researchers in accordance with NSF’s RCR training requirements.

**NIH Responsible Conduct in Research (RCR)**

[ ]  Not applicable. This project is not providing NIH support to trainees, fellows, participants, or scholars through any NIH training, career development award, research education grant, or dissertation research grant.

[ ]  Subrecipient certifies that it will monitor and maintain records for the individual training plans as proposed by Subrecipient in accordance with NIH’s RCR training requirements.

**- Audit Status**

**Audit Status (please select the appropriate box):**

[ ]  Subrecipient receives an annual audit in accordance with OMB Circular A-81.

Most recent fiscal year completed: ­­­­FY

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

Please attach a complete copy of your most recent A-133/A-81 audit report or provide the URL link to a complete copy.

[ ]  Subrecipient **DOES NOT** receive an annual audit in accordance with OMB Circular A-81.

Subrecipient is a:

[ ]  Non-profit entity (under federal funding threshold)

 [ ]  Foreign entity

 [ ]  For profit entity

 [ ]  Government entity

If subrecipient **DOES NOT**, Please complete an Audit Certification and Financial Status Questionnaire. A limited scope audit may be required before a subaward will be issued.

[ ]  We have completed our A-133/ A-81 audit for the most recent period \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_. The audit disclosed no material weaknesses, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are no unresolved prior year findings.

[ ]  We have completed our A-133/ A-81 audit for the most recent period \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_. The audit report noted material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings. The link to our A-133/ A-81 Audit report is:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relevant findings, our responses and corrective action plan are discussed on pages(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  We have not completed our A-133/ A-81 audit for the fiscal year ending in 20XX. Our fiscal year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and we expect the audit to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Within thirty days of completion, we will provide you with written certification and will send a copy of the audit report, including relevant findings, our responses and corrective action plan if the audit discloses any material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings or unresolved prior year findings.

[ ]  We ***are not subject*** to the provisions of OMB Circular A-81 because our organization is a:

[ ]  Non-profit entity which expended less than $500,000 in Federal awards during our fiscal year ending in 20XX

[ ]  Foreign (non-U.S.) entity

 [ ]  For-profit entity

[ ]  Other

**\*\***If you ***are not subject*** to OMB Circular A-133/ A-81, please complete the attached Audit Certification and Financial Questionnaire Form.

**- Registrations**

Is Subrecipient currently registered in CENTRAL CONTRACTOR REGISTRATION (CCR) database?

[ ]  Yes  (expiration date: \_\_\_\_\_) [ ]  No

Is Subrecipient currently registered in System for Award Management (SAM) database?

[ ]  Yes [ ]  No

Note: If Subrecipient has not registered with CCR or if registration is expired, registering in SAM is required

**- Fiscal Responsibilities**

Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and:

[ ]  has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received

[ ]  maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants

[ ]  complies with applicable laws and regulations

[ ]  can prepare appropriate financial statements, including the schedule of expenditures of Federal awards

**- FACILITIES & ADMINISTRATIVE RATES (F&A)**

**Facilities and Administrative Rates** included in this proposal have been calculated based on:

[ ]  Subrecipient federally-negotiated F&A rates for this type of work, or a reduced F&A rate that Subrecipient hereby agrees to accept.

Rate Used for submission:       %

**(If this box is checked, a copy of Subrecipient’s F&A rate agreement must be furnished to Teachers College before a subaward will be issued, submit along with this Subrecipient Commitment Form.)**

[ ]  Other rates
**(Please specify basis on which rate has been calculated:**

**Fringe Benefit Rates** included in this proposal have been calculated based on:

[ ]  Rates consistent with or lower than Subrecipient’s federally-negotiated rates.

Rate Used for submission:       %

**(If this box is checked, a copy of Subrecipient’s Fringe Benefit rate agreement must be furnished to Teachers College before a subaward will be issued, submit along with this Subrecipient Commitment Form.)**

[ ]  Other rates
Please attach or specify the basis on which the rate has been calculated below:

**Cost Sharing** **[ ]**  **Yes** **[ ]**  **No Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Cost sharing amounts and justification should be included in Subrecipient’s budget.).

**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 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) (Address)

(Type or print name and title of Authorized Official) (City, State, Zip+four)

            NY Congressional District

(Date) (Phone)