This form should be completed for all non-FDP member subrecipient institutions when submitting a proposal for sponsored funding, adding a new subrecipient to an existing award, or adding supplemental funds to an existing subrecipient. **The form must be signed and dated by the subrecipient authorized organizational official. The Subrecipient Investigator must also sign when acting as a Multiple PD/PI on the overall project.** *\* required fields*.

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| **\*FRED HUTCH PROPOSAL INFORMATION** |
| Fred Hutch Investigator | Click or tap here to enter text. | Prime Sponsor | enter text |
| Full Proposal Title | Click or tap here to enter text. |
| **\*SUBRECIPIENT INVESTIGATOR INFORMATION** |
| Subrecipient Investigator | Click or tap here to enter text. | eRA Commons ID | enter text |
| Email | Click or tap here to enter text. | Phone | enter text |
| Performance Site Full Location Address | Click or tap here to enter text. |
| Project Period  | Click or tap here to enter text. | Total Cost Funds Requested | enter text |
| **SUBRECIPIENT BUSINESS CONTACT INFORMATION** |
| Entity Legal Name | Click or tap here to enter text. | EIN | enter text |
| [DUNS](https://www.dandb.com/advanced-search/)  | Click or tap here to enter text. | [UEI](https://www.sam.gov/SAM/) | enter text |
| [SAM Registered](https://www.sam.gov/SAM/) |[ ]  **Yes** |[ ]  **No** | Congressional District # | enter text |
| Performance Site Full Location Address | Click or tap here to enter text. |
| **\*Section A: Subrecipient Proposal Documents** |
| The following **REQUIRED** documents are included in our subaward proposal and covered by the certifications below: |
|  |[ ]  Statement of Work |
|  |[ ]  Budget **and** Budget Justification |
| **Section B: Animals and Human Subjects** |
| **1** | Will the Subrecipient activities involve the use of animal subjects? |[ ]  Yes |[ ]  No |[ ]  NA |
|  |  | Animal Welfare Assurance Number: | Click or tap here to enter text. |
|  |  | IACUC review pending? |  |  |[ ]  Yes |[ ]  No |
|  |  | If No, enter the protocol number: | Click or tap here to enter text. |
|  |  | If No, enter the protocol approval date: | Click or tap here to enter text. |
| **2** | Will the Subrecipient activities involve the use of human subjects? |[ ]  Yes |[ ]  No |[ ]  NA |
|  |  | Human Subjects Assurance Number: | Click or tap here to enter text. |
|  |  | IRB review pending? |  |  |[ ]  Yes |[ ]  No |
|  |  | If No, enter the protocol number: | Click or tap here to enter text. |
|  |  | If No, enter the protocol approval date: | Click or tap to enter a date. |
|  |  | sIRB of record, if applicable: | Click or tap here to enter text. |

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| **\*Section C: Certifications** |
| **1** | **Facilities and Administrative (F&A) Rates applied in this proposal are based on:** |
|  |[ ]  Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept |
|  |  | Our federally negotiated rate is: | Click or tap here to enter text. |
|  |[ ]  Other rates. Specify the basis for the calculated rate in the Section D comment box below. |
|  |[ ]  Our organization does not currently have a federally negotiated F&A rate. Therefore, this proposal contains the de minimis rate of 10% of modified total direct costs. NOTE: If an expired federally negotiated rate existed, provide a copy of the agreement along with this form. |
|  |[ ]  Our organization is a foreign entity and does not currently have a federally negotiated F&A rate. Since this is an NIH proposal, the 8% MTDC F&A rate has been applied. |
|  |[ ]  No F&A costs are requested. |
| **2** | **\*Financial Conflict of Interest Requirement. Select either option A or B1 / B2, outlined below** |
|  | **A** [ ]  | By signing below, we certify we have in place a written and enforced Financial Conflict of Interest policy at least as rigorous as that mandated by the NIH at 42 CFR Part 50, Subpart F or 45 CFR Part 94 (“PHS FCOI Compliant Policy”) that will apply to our Project Director/Principal Investigator, and any other individuals responsible for the design, conduct or reporting of these budgeted activities (“Covered Individuals”). |
|  |  **B.1** [ ] **OR****B.2** [ ]  | We do not have a PHS FCOI Compliant Policy applicable to the Covered Individuals. **We elect one of the following options**:B.1) We intend to adopt and enforce a PHS FCOI Compliant Policy prior to engaging in the budgeted activities and will provide to Fred Hutch the required certifications upon request. In the interim, each Covered Individual will comply with the Fred Hutch FCOI Policy as a Non-Fred Hutch Covered Individual. Such Non-Fred Hutch Covered Individuals will complete and submit a financial disclosure form via the Fred Hutch iMedRIS COI Disclosure System.B.2) We will not adopt a PHS FCOI Compliant Policy and we request that Fred Hutch grant Non-Fred Hutch Covered Individual status for the individuals listed below all of whom will comply with the Fred Hutch FCOI Policy. |
|  | **IF SELECTING FCOI CERTIFICATION OPTION** **B.2,** list all Individuals, including the Subrecipient Principal Investigator, responsible for the design, conduct, or reporting of the budgeted activities. Tap the + to add additional names. |
|  | For additional name lines, put the cursor in the text box and click the + |
|  | Name | Click or tap here to enter text. |

**Fred Hutch Faculty & Staff**

For guidance, visit the [**Conflict of Interest Office**](https://centernet.fredhutch.org/cn/u/coi.html) site on CenterNet. For questions, please contact the Conflict of Interest Office directly at **COIAdmin@fredhutch.org**.

**Non-Fred Hutch Individuals**

A copy of Fred Hutch’s [**Conflict of Interest Policy**](https://www.fredhutch.org/en/util/conflict-of-interest.html) is available on our website. For any questions or guidance, please contact the Conflict of Interest Office directly at **COIAdmin@fredhutch.org**.

**Continue to page 4 for Comments and Subrecipient Assurances.**

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| **Section D: Comments** |
| Click or tap here to enter text. |
| **\*Section E: Subrecipient Assurances** |
| **1** | **Multiple PD/PI (MPI)**  |
|  | MPI Project as defined by NIH or Funding Agency? |[ ]  Yes |[ ]  No |  |  |
|  | If yes, Subrecipient PI is MPI? |[ ]  Yes |[ ]  No |  |  |
|  | **If Yes:** By signing below, the MPI certifies: 1) That the information submitted within the application is true, complete, and accurate to the best of the PI’s knowledge; 2) That the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; 3) That the PI will report to their Fred Hutch Division Director (or equivalent if not a Fred Hutch employee or affiliate) any outside activity or significant financial interest which may arise during the course of this study that could potentially result in a conflict with the work performed under this proposal; and 4) That any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties.  |
| **2** | **Consortium Agreement**  |
|  | [ ]  | The appropriate programmatic and administrative personnel involved in this application are aware of the funding agency’s policies, intend to accept the obligation to comply with award terms, conditions, and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy. |

**For additional Subrecipient Principal Investigator signature lines, put the cursor in the date box and click the +**

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|  |  | Click or tap to enter a date. |
| Signature of Subrecipient’s Authorized Official |  | Date |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Type or Print the name of Authorized Official |  | Email |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Title of Authorized Official |  | Phone |
|  |  | Click or tap to enter a date. |
| Signature of Subrecipient Principal Investigator |  | Date |