



Member of Hackensack Meridian Health

Subrecipient Package

Statement of Intent to Establish an Agreement			
Date:			
Title of Project:			
Prime Institution:	HMH Hospitals Corporation - Center for Discovery and Innovation		
EIN:	221487576		
UEI:	LV8GL8MLU9A3		
PI Name:			
Consortium Institution:			
EIN:			
UEI:			
PI Name:			
Project Period Dates:	From:	To:	
Total Budget Year 1:		Total Project Budget:	
<p>The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of all applicable Federal regulations and policies, and will establish and administer the necessary inter-institutional agreement(s) consistent with those policies.</p> <p>As a Consortium partner, _____ agrees to provide the services defined in the above referenced proposal and in accordance with the attached budget.</p>			
Application Institution - HMH CDI		Consortium Institution -	
Principal Investigator	Date	Principal Investigator	Date
Authorized Official Alla Rabinovich VP/COO	Date	Authorized Official	Date

A. Prime Institution: HMM Hospitals Corp. - Center for Discovery & Innovation	
RFA/RFP/PAR/PA#	
PI Name	
Title of Project	
Prime Sponsor	

B. Consortium Institution:			
Legal Name			
PI Name		eRA Commons ID	
PI Phone		PI Email	
Performance Site Address (zip+4)		Performance Site Congressional District #	
Organizational Address (zip+4)		Organizational Congressional District #	
Organization Type			

Subrecipient Contacts			
Administrative Representative		Email	
		Phone #	
Authorized Official		Email	
		Phone #	

C. Proposal Documents and Compliance Requirements					
The following documents are required from the subrecipient as part of HMM-CDI's proposal submission and covered by the certification below:					
	Yes/No		Yes/No		Yes/No
Statement of Work		Cost Sharing		Amount \$	
Budget and Budget Justification		Facilities & Resources		Equipment	
Biographical Sketches		Other supporting Documents			

Subrecipient's Scope of Work Includes:	Yes/No	Approval Date or Pending
Human Subjects: Human Research Definition: Research involving existing data, documents, records, specimens, or tissues that are <u>individually identifiable</u> .		
Animal Subjects		
Human Fetal Tissue or Human Embryonic Stem Cells		

Subrecipient's Scope of Work Includes:	Yes/No	Approval Date or Pending
Will any part of this project involve work outside the US? (if yes what countries)		
Will this project require approval by the Institutional Biosafety Committee?		

FDP Clearinghouse	Yes/No
Does the Subrecipient entity participate in the FDP Clearinghouse? https://fdpclearinghouse.org/organizations	
If yes, provide a link to the FDP profile below, sign and return along with requested documents.	
If no, please complete Part II.	

Part II: To be completed by Subrecipients/Subcontractors NOT participating in the FDP Clearinghouse

D. Certifications	
Subrecipient Organization/Institution Information	Yes/No
Federal Policy requires subrecipients of federal funds to be registered in (System for Award Management) SAM, Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) If NO, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the SAM home page. (Subrecipient must maintain current CCR information in SAM)	
Facilities & Administration Rates included in this proposal have been calculated based on (Check one):	
Our Federally-negotiated F&A Rate for this type of work. Provide a F&A Agreement URL link below	
10% MTDC in accordance with CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements	
Federal Awards Other Rates (Specify below)	
Not Applicable (No indirect cost request for the subrecipient)	
Comments:	
Fringe Benefit Rates included in this proposal have been calculated based on (Check one):	
Rates consistent with or lower than our federally negotiated rates	
Our institutional policy (Specify below the basis on which rates are assessed and/or provide a link to a policy)	
Other rates (Specify below the basis on which the rate is calculated)	
Comments:	
Human Subjects <u>Only applicable to projects answering yes to human subjects on page 2</u> Human Research Definition: Research involving existing data, documents, records, specimens, or tissues that are individually identifiable.	Yes/No
Does your organization/institution have a Federal Wide Assurance (FWA) Number?	

D. Certifications Continued	
If yes, provide FWA #:	
Conflict of Interest HHM Hospitals Corporation requires that a subrecipient conducting funded research maintain an up-to-date, written, and enforced policy on financial conflicts of interest. The subrecipient must disclose in writing any potential conflict of interest to HHM Hospitals Corporation in accordance with HHM's policy and the applicable awarding agency policy. (Please check one box below)	
Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that conforms to 42 CFR Part 50.604 Subpart F and that all identified conflict of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resulting agreement	
Our institution does not have a PHS-compliant FCOI policy, and we agree to follow the Conflict of Interest policy established and enforced by Hackensack Meridian Health.	
Debarment, Suspension, Proposed Debarment	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 below.	
Comments:	
The organization/institution certifies that they: (answer all questions below)	Yes/No
Presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts	
Presently indicted for, or otherwise criminally or civilly charged by a government entity	
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	
Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. If yes, explain below.	
Comments:	
E. Fiscal Status	
Audit Status	
Subrecipient is a (check one below)	
Non-profit entity (under federal funding threshold)	
Foreign entity	
For-profit entity	
Government entity	

Fiscal Status (continued)	Yes/No
Subrecipient Receives an Annual Audit in Accordance to OMB Guidance?	
Does the subrecipient have some other form of Individual Audit to verify status?	
Most Recent Fiscal year audit completed:	
Provide URL for most recent audit (or attach) and an explanation of any findings:	
Fiscal Responsibility	
The organization/institution certifies that its financial system is in accordance with generally accepted accounting principles.	
Check all that apply below.	
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 regulation.	
Can prepare appropriate financial statements, including the schedule of expenditures of Federal awards.	
There are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.	

SUBRECIPIENT CERTIFIES THE FOLLOWING

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. **Subrecipient understands that any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.**

Signature of Authorized Official for Subrecipient	Date
Name + Title	Email Address of Authorized Official

**Subrecipient Statement of Work
(to be completed by Subrecipient PI)**

Subrecipient PI Name

Project Title

**Scope of Work
(Please use additional sheets as needed)**

Please provide a general description of the subject of the research to be carried out by the subrecipient. Include in the description those items that are critical to the success of the Subrecipient's part of the project. Your description may include the following:

- Objectives, tasks, and deliverables to be performed by the Subrecipient
- Responsibilities to the project of the Subrecipient PI, including meeting reporting requirements or providing the Prime PI with other agreed upon deliverables
- Tasks to be performed by the Subrecipient team in accomplishing the overall goals of the project