

GRANTS MANAGEMENT OFFICE (GMO) SUBRECIPIENT ASSURANCE FORM

All subrecipients must complete this form and submit it along with the required documents and certifications to Inova's Grants Management Office (GMO) when proposing a subaward to Inova Health System.

Su	brecipient Legal Name:				
Su	Subrecipient Proposal/Project Title:				
Su	brecipient Principal Investigator:				
Subrecipient UEI:		Subrecipient EIN (Tax ID) Number:			
Subrecipient Total Funds Requested:		Subrecipient Cost Share (if available):			
Pe	rformance Site Address:				
City, State, Zip (include 9-digit zip code):		Congressional District(s):			
Su	Subrecipient's Sponsored Programs Contact Name:				
Phone:		Email:			
Sponsor:		Solicitation# (if available):			
Ino	ova's PI/PD:				
Ino	ova's Service Line:				
Q E	CTION A. PROPOSAL DOCUMENTS				
	me sponsor's guidelines. Statement of Work Budget Budget Justification Other proposal documents as require	d by the solicitation			
SECTION B. CERTIFICATIONS					
1.	 1. Facilities & Administrative (F&A) Rates included in this proposal have been calculated based on: Please provide a copy of your F&A rate agreement or the link to the agreement under Section C in the appropriate box. Other rates (please attach a description of the basis on which the rates were calculated). Not applicable (no F&A costs are requested by subrecipient). 				
2.	Fringe Benefit Rates included in the proposal. ☐ Are consistent with or lower than our federally negotiated rates. ☐ Are based on our institutional policy. Please provide the basis for rate assessment in the comments box below or include a link to your policy under Section C.				
3.	Human Participants Yes If yes, please provide your Federal Wide	No Assurance # (if obtained):			
4.	Animal Subjects	☐ No Welfare Assurance # (if applicable):			
5.	Select Agents	☐ No Registration #:			
6.	Recombinant DNA Yes	□ No			



7.	Conflict of Interest (only applicable to PHS, NSF, or other sponsors that have adopted the federal financial disclosure requirements)		
	 Subrecipient confirms that it has a Conflict of Interest Policy in place that is active and enforced. This policy is consistent with the provisions of 42 CFR Part 50 Subpart F - Promoting Objectivity in Research. Also, the Subrecipient assures that, to the best of their knowledge, all financial disclosures related to the activities that may be funded have been made. These disclosures will have been satisfactorily managed, reduced, or eliminated per the Subrecipient's conflict of interest policy before any funds are spent under any resulting agreement. ☐ Subrecipient certifies registration as FDP Clearinghouse organization with PHS-compliant FCOI policy at https://thefdp.org/fcoi-clearinghouse/. ☐ Subrecipient does not have an active and/or enforced Conflict of Interest Policy and hereby agrees to abide by Inova's policy and related procedures. See policy at http://www.inova.org/about-inova/grants-management/. Please complete and return Inova's Non-Employee Conflict of Interest Form, which can be found at http://www.inova.org/about-inova/grants-management/. Please submit a completed FCOI form for all investigators as an attachment to this form. ☐ This project is not applicable for funding by PHS, NSF, or any sponsor that has adopted federal regulations. 		
8.	Responsible Conduct of Research (RCR) ☐ Not applicable because this project is not being funded by PHS NIH. ☐ Subrecipient hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NIH proposal will be trained on the responsible and ethical conduct of research.		
9.	Certification regarding Debarment and Suspension Is anyone involved in this project excluded from participating in federal programs? Yes (If yes, explain under Section C in the "Comments" section) No		
10.	Cost Sharing/Matching/In-Kind included in this proposal (if applicable) Include cost sharing, matching, and in-kind commitments in the subrecipient's budget with justification. Third-party in-kind cost share must be supported by letter of support signed by the authorized representative of the third party. Yes Amount: No		
11.	Audit Status Yes No If your organization undergoes an annual audit, kindly provide a link to the most recent Single Audit report (if applicable) or financial statements under Section C in the appropriate box. Alternatively, you can submit a copy of the report to gmo@inova.org .		
12.	Fiscal Responsibility Yes No The organization confirms that its financial system adheres to generally accepted accounting principles. Additionally, the system has the capability to identify all Federal awards received, along with the associated expenses and the Federal programs under which they were received. The organization maintains internal controls to ensure that it manages Federal awards in compliance with applicable laws, regulations, and the provisions of contracts or grants. It also complies with all applicable laws and regulations. The system is able to prepare appropriate financial statements, including the schedule of expenditures of federal awards. If there are any outstanding audit findings that could impact subcontract costs, please submit a copy of the most recent report that describes the findings and outlines the steps to be taken to correct the findings.		



SECTION C.ADDITIONAL INFORMATION

F&A AGREEMENT LINK:
FRINGE RATE POLICY LINK:
AUDIT/FINANCIAL REPORTS LINK:
COMMENTS:

SUBRECIPIENT CERTIFIES THE FOLLOWING:

The information, certifications, and representations mentioned above have been provided by an authorized official of the subrecipient whose name is mentioned herein. The programmatic and administrative personnel involved in this application are aware of sponsor policies regarding sub-awards and are prepared to establish the necessary inter-instructional agreements consistent with those policies. The subrecipient should note that any expenses incurred before the execution of the sub-award agreement are at the subrecipient's own risk.

Authorized Organizational Representative Approval:

Printed Name:	Title:
Signature:	Date:

Note: Please be aware that Inova may request further information beyond what has been already listed upon receiving the award.

For Subrecipients without a PHS-Compliant FCOI Policy

The Financial Conflict of Interest (FCOI) rules of the United States Public Health Service (PHS) were implemented on August 24, 2012. These rules require Inova to determine whether a subrecipient such as a Co-PI, consultant, or subcontractor has a PHS-compliant FCOI policy. If a FCOI is present, the subrecipient is obligated to disclose certain information. Please refer to Inova's Conflict of Interest Policy for Research and Public Health Service Funding at: https://www.inova.org/about-inova/grants-management/.

Please contact the Grants Management Office at coi@inova.org for instructions on complying with Inova's FCOI regulation.

To learn more about the implementation of the FCOI regulation, NIH has compiled answers to the most frequently asked questions on its website. Visit http://grants.nih.gov/grants/policy/coi/coi/faqs.htm#316.