Loyola University Maryland Subrecipient Monitoring Form

All subrecipients should complete this form when submitting a proposal to Loyola University Maryland. It provides a checklist of documents and certifications required by sponsors, as well as an area for the authorized institutional representative to sign.

| SUBRECIPIENT'S LEGAL NAME: | | |
|----------------------------|---|--|
| SU | BRECIPIENT'S PI: LOYOLA PI: | |
| PR | IME SPONSOR: | |
| SU | BRECIPIENT'S TOTAL BUDGET: SUBRECIPIENT'S EIN: | |
| | SECTION A – Proposal Documents | |
| Th | e following documents are included in our subaward proposal submission and covered by the certifications below: | |
| | STATEMENT OF WORK (Required) | |
| | BUDGET AND BUDGET JUSTIFICATION (Required) | |
| | LETTER OF COMMITMENT (Required) | |
| | SECTION B – Certifications | |
| 1. | Facilities and Administrative Rates included in this proposal have been calculated 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. (If this box is checked, a copy of your F&A rate agreement must be furnished before a subaward will be issued.) | |
| | Other rate (please specify): | |
| | Not applicable (no indirect cost request for subrecipient) | |
| 2. | Human Subjects [If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Note: All key personnel engaged in human subject research must complete human subjects training (e.g. NIH human subject research training or CITI training) | |
| | If "Yes": Have all key personnel involved completed Human Subjects Training and does the institution maintain a record of the completion of that training? Yes No | |
| 3. | Animal Subjects Yes N/A (If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued.) | |
| 4. | Recombinant DNA Materials Yes N/A (If "Yes": A copy of the IBC approval must be provided before any subaward will be issued.) | |
| 5. | Responsible Conduct of Research Yes N/A No The institution has a plan in place and training will be provided to students and postdoctoral researchers supported by the grant. | |

Page 1 of 3

Loyola University Maryland Subrecipient Monitoring Form

| 6. | Financial Conflict of Interest in Research (Subrecipient Organizations/Institutions need make a certification only when the prime award is from the Public Health Service [PHS]). |
|----|---|
| | Subrecipient Organization/Institution hereby certifies that it has an active and enforced financial conflict of interest in research policy that complies 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 the 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. |
| | Subrecipient does not have an active and/or enforced financial conflict of interest in research policy and hereby agrees to abide by Loyola's policy and related procedures. |
| 7. | Cost Sharing/Matching/In-Kind Yes No Amount: (Cost sharing, Matching, and/or In-Kind amounts and justification should be included in the subrecipient's budget) |
| 8. | Certification Regarding Debarment and Suspension |
| | Is the entity, PI, or any other employee or student participating in this project debarred, suspended, or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities? |
| | Yes (If "yes", explain in Section E, Comments, below.) |
| | Subawards to any entity or individual included in the Federal excluded Parties are prohibited. |
| 9. | Certification Regarding Drug-free Workplace Requirements, Nondiscrimination, and Lobbying |
| | By signing and/or submitting this application or agreement, the Subawardee certifies that it is in compliance with federal regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F; the requirements of Section 1352, Title 31, U.S. Code, which limits the use of appropriated funds to influence certain Federal contracting and financial transactions; and Title VI of the Civil Rights Act of 1964 and related acts which require that no person in the United States shall on the ground of race, color, national origin, sex, disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the proposer receives federal assistance. |
| | SECTION C – Audit Status |
| | Subrecipient DOES receive an annual audit in accordance with OMB 2 CFR 200. Most recent fiscal year completed: |
| | Were there any audit findings reported? Yes No (If "Yes," explain in Section E, Comments, below) |
| | te: A complete copy of subrecipient's most recent audit report or the Internet URL link to a complete copy, must be furnished to yola before a subaward will be issued. URL: |
| | Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR 200. |
| | Subrecipient is a: Non-profit entity (under federal funding threshold) Foreign entity For-profit entity Government entity |
| | |

Note: If a subrecipient does not receive an audit, Loyola will require the entity to complete Financial Capability Questionnaire and may require a limited scope audit, before a subaward will be issued.

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| | Section D - Federal Funding Accountability and Transparency Act (FFATA) | |
|---|---|--|
| 1. | Location of Subrecipient (City, State, Congressional District, and Country): | |
| | Note: If primary place of performance is different than Location of Subrecipient, provide location of where the project will be performed (City, State, Congressional District, and Country) | |
| 2. | DUNS Number of Subrecipient receiving award: | |
| 3. | Is Subrecipient owned or controlled by a parent entity? Yes No Note: If yes, please provide the name, DUNS Number, and Location (City, State, Congressional District, and Country) of parent entity: | |
| 4. | Is Subrecipient currently registered in Central Contractor Registration (www.ccr.gov)? (CCR registration is required for any subaward over \$25,000) | |
| | Section E – Comments | |
| | | |
| 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 interinstitutional 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. | | |
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| Sig | gnature of Subrecipient's Authorized Official Date | |
| | | |
| Ту | pe or print name and title of Authorized Official | |
| Ph | one | |
| Em | nail | |
| Da | te | |