

Subrecipient Statement of Collaborative Intent

Part I: To be completed by all subrecipients/subcontractors

All subrecipients, as well as potential subcontractors who anticipate funding under a federal or non-federal contract, must complete this form when participating as a subrecipient or subcontractor in a proposal submitted by the University of Michigan. This form provides a checklist of documents and certifications required by prime sponsors and it must be endorsed by the subrecipient's authorized institutional representative prior to proposal submission.

| | |
|--|--|
| 1. UNIVERSITY OF MICHIGAN PROPOSAL INFORMATION - PASS-THROUGH ENTITY (PTE) | |
| PTE PI: PTE Proposal Number: | Prime Sponsor: If Prime Sponsor is NIH, is this an MPI project: Yes No |
| 2. SUBRECIPIENT PROPOSAL INFORMATION | |
| Legal Name: Address: Subrecipient PI: Subrecipient PI Email: Place of Performance Address: Congressional District: | Authorized Official Name: Authorized Official Email: Financial Contact Name: Financial Contact Email: Project Title: Project Period: Total Request Amount: Subrecipient Proposal Number: DUNS Number: |
| 3. PROPOSAL DOCUMENTS | |
| The following documents are included in our subaward proposal and covered by the certifications below: | |
| Scope of Work (Required) Budget and Justification (Required) Biographical Sketches | Facilities & Other Resources Cost Sharing Amount (if applicable): Other: |
| 4. CERTIFICATIONS | |
| <i>Documentation of Subrecipient's approval(s) may be required</i> | |
| Subrecipient's Scope of Work Includes: Human Subjects If human subjects are involved, have all key personnel completed human subjects training? Yes No Vertebrate Animals Custom made antibodies Human induced pluripotent or Human Embryonic Stem Cells | Recombinant DNA Dual Use Research of Concern (DURC) For a list of applicable agents, see page 9 of NIH policy . Large Scale Human or Non-Human Genomic Data (if NIH) <i>For applicability, please refer to NOT-OD-14-124. Documentation of an approved consent form and Institutional Certification will be required prior to the award, at the "Just in Time" stage.</i> |
| 5. FDP Clearinghouse | |
| Does the subrecipient entity participate in the FDP Clearinghouse, https://fdpclearinghouse.org/organizations? | |
| Yes No | |
| If No, complete Part II of this form. | |

By signing below, I certify that I am an authorized institutional representative and the information and representations made herein are true, accurate and complete. The appropriate programmatic and administrative personnel involved in this application are aware of all sponsor policies regarding 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 Institutional Official

Name and Title of Subrecipient's Authorized Institutional Official

Date

Subrecipient Statement of Collaborative Intent

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

For a list of participating institutions, see <https://fdpclearinghouse.org/organizations>.

Certifications

1. **Facilities & Administrative Rates** included in this proposal have been calculated based on the following:

Our federally negotiated F&A rate for this type of work.

No federal negotiated rate and we hereby agree to accept the 10% de minimis MTDC rate as a subrecipient.

In the case of NIH: NIH will continue to reimburse F&A costs to foreign and international organizations at a rate of 8 percent of modified total direct costs (MTDC) less only equipment.

A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: Base:

Not applicable (no indirect cost are requested). If checked, please specify rationale in Comment Section below.

Indirect costs are not separately requested as costs are fully burdened.

2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:

Rates are consistent with our federally negotiated rates.

Other rates (please specify in Comment Section below the basis on which the rate has been calculated)

Fringe Benefits are not separately requested as costs are fully burdened.

3. **Financial Conflict of Interest**

Subrecipient organization/institution has an active and enforced policy on conflict of interest.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UM's policy.

To comply with UM's policy, please attach a completed [Non-U-M Affiliate Disclosure Form](#) for each investigator on this project.

4. **Financial Conflict of Interest – Public Health Service (PHS)**

Applicable to projects funded by PHS/NIH, or any sponsor following PHS FCOI Regulations.

Not applicable because this project is not being funded by PHS/NIH or any other sponsor following the PHS FCOI Regulations.

Subrecipient organization/institution has an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UCI's policy. To comply with UM's policy, please attach a completed [Non-U-M Affiliate Disclosure Form](#) for each investigator on this project.

5. **Ethics in Research Training**

Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training.

Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.

Subrecipient organization/institution will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

6. **Debarment, Suspension, Proposed Debarment**

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? Yes No

If YES, please explain in Comment Section below.

If NO, the Organization Certifies it (answer all questions below):

is is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.

is is not presently indicted for, or otherwise criminally or civilly charged by a government agency.

has has 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 commissions of 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

has has not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

Subrecipient Statement of Collaborative Intent

| |
|---|
| <p>Audit Status</p> <p>1. Was the subrecipient required to conduct an annual audit in accordance with the Single Audit Act or Uniform Guidance Subpart F, Audit Requirements for the most recent Audit year? *Yes No a) Was an audit in accordance with the Single Audit Act completed for the most recent fiscal year? Yes No b) Were there any audit findings reported? Yes No If Yes, please clarify in the comment section below. * If YES is checked, a complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to UM before a subaward will be issued. URL: If no audit was completed OR If Subrecipient is not subject to the Single Audit Act or Uniform Guidance, A limited-scope audit will be reviewed and approved before a subaward can be issued.</p> |
| <p>Subrecipient Institutional Information</p> <p><i>Federal policy requires subrecipients of federal funds to be registered in SAM</i></p> <p>1. Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) Yes No 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 (System for Award Management) home page at https://www.sam.gov (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your CCR registration may take 3-5 business days to process. Subrecipient <i>must</i> maintain current CCR information in SAM.</p> <p>2. EIN #: 3. Be sure that the DUNS number is entered on page 1.</p> |
| <p>Comment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |