



## SUBRECIPIENT STATEMENT OF COLLABORATIVE INTENT

### CU Boulder Project Information

CU Lead Principal Investigator:

Project Title:

Prime Awarding Agency:

Project Period: *Start:*

*End:*

### Subrecipient Information

Subrecipient Legal Name:

Central Email for Awards:

Subrecipient EIN:

Subrecipient UEI Number:

Total Proposed Amount for Project Period:

Cost Sharing Amount for Project Period:

Subrecipient Principal Investigator (PI):

Subrecipient PI Phone:

Subrecipient PI Email:

Subrecipient PI Department or Division:

Subrecipient Administrator Name:

Title:

Subrecipient Administrator Email:

Phone:

### Subrecipient Place of Performance

Street 1:

State:

Street 2:

Zip Code:

City:

Congressional District:

### Subrecipient Project Use Information

	Yes/No	Approval Date	Pending		Yes/No	Approval Date	Pending
Human Subjects				Select Agents			
Animal Subjects				Recombinant DNA			
Human Embryonic Stem Cells				Program Income			

### Required Research Security Training

If required by the Prime Awarding Agency, does the Subrecipient certify that all Key Project Personnel named on this Project have taken the necessary research security training?

### Department of Defense NIST SP 800-171 Assessment Certification

This section is applicable to projects funded by the Department of Defense (DOD). If this project is not funded by the DOD, please leave blank.

**\*\* Internal note for CU Boulder OCG Proposal Analysts: This requirement may appear in solicitations as DFARS 252.204-7012, DFARS 252.204-7019 or DFARS 252.204-7020.**

If DFARS 252.204-7019 Notice of NIST SP 800-171 DoD Assessment Requirements and DFARS 252.204-7020 NIST SP 800-171 DoD Assessment Requirements apply, Subrecipient certifies that:

Subrecipient has completed at least a Basic Assessment in accordance with NIST SP 800-171 DOD Assessment Methodology for all covered contractor information systems relevant to this offer within the last three years and posted the assessment to the Supplier Performance Risk System (SPRS).

Date Assessment Completed:

Subrecipient has not completed an assessment and will do so prior to the awarding of a subcontract.

Other:

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In signing below and offering to participate in this research program, the Subrecipient certifies:

- neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt;
- they are in compliance with the Drug Free Workplace Act of 1988;
- they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying;
- they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science;
- they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income;
- they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects);
- the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); and that
- they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research.

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree 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.

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**Subrecipient Authorized Official Signature:**

**Date:**

**Subrecipient Authorized Official Name:**

**Title:**

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