

Statement of Collaborative Intent (Letter of Commitment) for Subagreements

In August 2016, CU Boulder joined a pilot program for outgoing subagreements through the Federal Demonstration Partnership (FDP). The pilot phase of the FDP Expanded Clearinghouse is over and the Expanded Clearinghouse is now an ongoing FDP Initiative. What this means for CU Boulder:

- The FDP Clearinghouse is only for select <u>universities</u>. No non-university or for-profit partners are part of the FDP Clearinghouse.
- For all outgoing and incoming subs on a proposal, Proposal Analysts, PIs and others pulling together information should check the FDP website, <a href="www.fdpclearinghouse.org/organizations">www.fdpclearinghouse.org/organizations</a>, to see if the entity is part of the FDP Clearinghouse.
- If the other institution is an FDP member or participating organization, OCG does not request or provide Subrecipient Commitment Forms.
- All entities on the FDP Clearinghouse website request a letter of commitment from the other institution. This letter of commitment provides information not available on the entity's Clearinghouse profile.
- For all other institutions that not are not listed on the FDP website, we collect or provide a Subrecipient Commitment Form.

The Statement of Collaborative Intent follows below and functions as CU Boulder's Letter of Commitment. It may be used with FDP member or participating organizations. For questions regarding whether to use the Statement of Collaborative Intent or the Subrecipient Commitment Form, please contact the OCG Proposal Analyst or Subcontract Officer assigned to the respective department by consulting the OCG Unit Directory.



## SUBRECIPIENT STATEMENT OF COLLABORATIVE INTENT

Subrecipient Legal Name:						
Subrecipient UEI Number:						
Subrecipient Principal Investigator:			Lead Principal Investigato	or:		
PI Phone:						
PI Email:						
PI Dept and Division:						
PI Address:						
Project Title:				_		
Prime Awarding Agency:			Project Period	Start:	End:	
Total Proposed Amount for	\$		Cost Sharing Amount	\$		
			for Project Period:			
Project Period:  Project Use Information - "Yes"	' should be checl	ked only if Hui		bjects will be a	t your institution	
Project Use Information - "Yes"			man and/or Vertebrate Suk			
Project Use Information - "Yes" Human Subjects at Subrecipier			man and/or Vertebrate Sub Vertebrate Subjects at <b>S</b>		<b>t your institution</b> Yes	No
Project Use Information - "Yes"			man and/or Vertebrate Suk			
Project Use Information - "Yes" Human Subjects at Subrecipier Protocol Number Expiration Date  Administrator:			man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes" Human Subjects at Subrecipier Protocol Number Expiration Date  Administrator: Name/Title:			man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes" Human Subjects at Subrecipier Protocol Number Expiration Date  Administrator: Name/Title: Phone:			man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes"  Human Subjects at Subrecipier  Protocol Number  Expiration Date  Administrator:  Name/Title: Phone: Email:	nt Location Ye		man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes" Human Subjects at Subrecipier Protocol Number Expiration Date  Administrator: Name/Title: Phone:	nt Location Ye		man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes"  Human Subjects at Subrecipier  Protocol Number  Expiration Date  Administrator:  Name/Title: Phone: Email:	nt Location Ye	s No	man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes"  Human Subjects at Subrecipier  Protocol Number  Expiration Date  Administrator:  Name/Title: Phone: Email: Email for Awards (if different from the subjects at Subrecipier  Protocol Number  Email:	nt Location Ye	s No	man and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number			
Project Use Information - "Yes"  Human Subjects at Subrecipier  Protocol Number  Expiration Date  Administrator:  Name/Title: Phone: Email: Email for Awards (if different from the subject of Performance, if	nt Location Ye	s No	wan and/or Vertebrate Sub Vertebrate Subjects at S Protocol Number Expiration Date			

## 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:

 $\label{thm:completed} \textbf{Subrecipient has not completed an assessment and will do so prior to the awarding of a subcontract.}$ 

Other:

## Certification

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;

The following documents are attached to this Statement of Intent:

- 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.

Sub Statement of Work Sub Detailed Line Item Budget	Sub Budget Justification Other:
Signature of Subrecipient's Authorized Official	Date

Name and Title of Authorized Official