Office of Contracts and Grants
UNIVERSITY OF COLORADO **BOULDER**

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**	--		

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, leave blank.

If DFARS 252.204-7012 Safeguarding Covered Defense Information and Cyber Incident Reporting, DFARS 252.204-7019, Notice of NIST SP 800-171 DoD Assessment Requirements, DFARS 252.204-7020 NIST SP 800-171 DoD Assessment, or DFARS 252.204-7021 Cybersecurity Maturity Model Certification Requirements apply, Subrecipient certifies that:

◯ Subrecipient has completed the required assessment or certification for covered contractor information systems relevant to this offer (eg, CMMC Level 1, CMMC Level 2) within the last three years and posted the assessment to the Supplier Performance Risk System (SPRS).

- CMMC Unique Identifier:
- Assessment Date:
- Level of Assessment: If Applicable, Select One Option:

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

◯ Other:

***Verification of Subrecipient's CMMC UID, Assessment Date and Level of Assessment is required prior to CUI information being exchanged.**

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.
- any training requirements for covered/senior/key individual(s), as defined by the federal agency listed as Prime Awarding Agency, have been completed prior to submission of this application if/when required by the federal agency.

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.

Subrecipient Authorized Official Signature: **Date:**

Subrecipient Authorized Official Name: **Title:**