



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 universities. 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, www.fdpclearinghouse.org/organizations, 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 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 Legal Name:	
Subrecipient UEI Number:	

Subrecipient Principal Investigator:		Lead Principal Investigator:	
PI Phone:			
PI Email:			
PI Dept and Division:			
PI Address:			

Project Title:			
Prime Awarding Agency:		Project Period	Start: End:
Total Proposed Amount for Project Period:	\$	Cost Sharing Amount for Project Period:	\$

Project Use Information - "Yes" should be checked only if Human and/or Vertebrate Subjects will be at your institution

Human Subjects at Subrecipient Location	Yes	No	Vertebrate Subjects at Sub Location	Yes	No
Protocol Number			Protocol Number		
Expiration Date			Expiration Date		

Administrator:

Name/Title:	
Phone:	
Email:	
Email for Awards (if different from above):	

Place of Performance, if different than entity address:

Street 1:		Street 2:	
		Congressional District:	

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:

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

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.

The following documents are attached to this Statement of Intent:

- | | |
|-------------------------------|--------------------------|
| Sub Statement of Work | Sub Budget Justification |
| Sub Detailed Line Item Budget | Other: _____ |

Signature of Subrecipient's Authorized Official

Date

Name and Title of Authorized Official