

# Subrecipient Letter of Intent



THE OHIO STATE UNIVERSITY

ENTERPRISE FOR RESEARCH, INNOVATION  
AND KNOWLEDGE

Sponsored Programs  
1050 Carmack Road, Columbus, Ohio 43210

To be completed by institution issuing the subaward:

Pass-Through Entity (PTE)

PTE PI Name	Prime Sponsor		
Solicitation Number	Sponsor Due Date	Performance Start	Performance End
Proposal Title			

## A. Subrecipient Institution

To be completed by the subrecipient organization:

Subrecipient is a participant of the  
FDP Expanded Clearinghouse:

- Yes *If yes, complete sections A-G then STOP. Return signed form.*  
 No *If no, complete the entire form, sections A-I, before returning.*

Institution's Legal Name			UEI/DUNS
Administrative Contact Name	Administrative Title	Administrative Email	Administrative Phone
Subrecipient PI Name	Phone	Email	eRA Commons User Name <i>NIH proposals</i>

## B. Performance Site

Address		City
State/Country	ZIP + 4/Postal Code	Congressional District

## C. Subrecipient Budget Request

Sponsor Total \$	Sponsor Direct \$	Sponsor F&A \$	Cost-sharing \$ <i>Must be in budget &amp; budget justification.</i>
Participant Support \$ <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Income: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## D. Compliance Information

Human Subjects: <input type="checkbox"/> Yes <input type="checkbox"/> No	Export Control: <i>Do you anticipate the use, transfer or development of items, software or technology that is export controlled?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time
Vertebrate Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## E. Checklist of Proposal Documents Required

<input type="checkbox"/> Statement of Work	<input type="checkbox"/> Budget and Budget Justification	<input type="checkbox"/> Other _____
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## F. Sponsor Certifications

- All of the named personnel on this subaward have disclosed in the relevant proposal documents (biosketch, Current & Pending, etc.) any international appointments or affiliations (paid or unpaid) or financial or in-kind support received from a foreign entity in the past 12 months.
- If NASA, subrecipient certifies it is not a Chinese or Chinese-owned entity, and it will not participate, collaborate, or coordinate bilaterally with China or any Chinese-owned entity, whether the involvement is funded or performed under a "no exchange of funds" arrangement.
- If NSF, subrecipient institution certifies it maintains an institutional plan compliant with NSF's Responsible Conduct of Research requirement.
- If NIFA, subrecipient institution certifies it complies with NIFA's "Responsible and Ethical Conduct of Research" requirements.

## G. Subrecipient Approvals

*The Authorized Official certifies the information on this form is accurate and complete and that the associated proposal has been reviewed and approved by the appropriate personnel of the subrecipient entity. The appropriate programmatic and administrative personnel involved in this proposal are aware of the sponsoring agency policies, agree to comply with award terms, conditions and certifications and are prepared to enter into an inter-institutional agreement 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.*

Authorized Official Name

Title

Signature of Authorized Official

Date Signed

**Note: FDP Expanded Clearinghouse Participants – STOP HERE and Return Form. All Other Institutions Must Complete Sections H and I.**

## H. Subrecipient Institution

To be completed by the subrecipient organization:

Address	City	State	ZIP + 4/Postal Code	Congressional District
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F&A or G&A rate: \_\_\_\_\_ Base: \_\_\_\_\_  Agreement Attached  Link \_\_\_\_\_

Registered in SAM?  Yes  No Check if Institution is:  Less than or equal to 5 year old  HUB-Zone or Small Disadvantaged Business

EIN	Human Subjects Assurance Number	Animal Welfare Assurance Number
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Institution Type: Choose one.

- For-Profit *Including Small Business*  Government Entity  Institution of Higher Education
- Non-U.S. Entity  Not-for-Profit  School District/Other Local Educational Agency
- Other *Specify* \_\_\_\_\_

## I. Financial Conflict of Interest (FCOI) Compliance Statement

Check one.

- Subrecipient organization certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, "Promoting Objectivity in Research."
- Subrecipient does not have a compliant conflict of interest policy but will develop one prior to issuance of a subaward. A model policy is available at the [Federal Demonstration Partnership website](#).
- Subrecipient does not have a compliant conflict of interest policy and agrees to be bound by the conflict of interest policy of the issuing institution. (Ohio State url: [research.osu.edu](#))
- Not applicable - Non Public Health Service (PHS) funding.