

SUBRECIPIENT LETTER OF INTENT

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|-----------------------------------|--|--|--|
| Subrecipient (Sub) Legal Name: | | Pass-Through Entity (PTE) Legal Name: | The University of Central Florida Board of Trustees |
| Sub UEI: | | PTE UEI: | RD7MXJV7DKT9 |

| | | | |
|-----------------------------|--|-----------------------------|--|
| Sub Principal Investigator: | | PTE Principal Investigator: | |
| ERA Commons ID: | | FP#: | |

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

**If Cost Sharing, a separate cost share budget and justification should be attached.*

Project Facilities & Administrative Rates (check one):

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|--|
| <input type="checkbox"/> Federally negotiated F&A rate |
| <input type="checkbox"/> A reduced F&A rate dictated by the prime awarding agency |
| <input type="checkbox"/> 15% de minimis MTDC rate based on 2 CFR 200.414(f) "Indirect F&A Costs" |

Project Use Information*:

| | | | |
|---|--|---|---|
| Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No | Animal Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No | Stem Cells <input type="checkbox"/> Yes <input type="checkbox"/> No | Genomic Data Sharing <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Select Agents <input type="checkbox"/> Yes <input type="checkbox"/> No | Recombinant DNA <input type="checkbox"/> Yes <input type="checkbox"/> No | Program Income <input type="checkbox"/> Yes <input type="checkbox"/> No | |

**If Yes, please forward approval(s) to PTE PI as soon as available as approval(s) must be provided before any subaward can be issued.*

Sub Institutional Authorized Official Information:

Sub Departmental Contact Information:

| | | | |
|---|--|-----------------|--|
| Sub Name/Title: | | Sub Name/Title: | |
| Sub Phone: | | Sub Phone: | |
| Sub Email: | | Sub Email: | |
| Sub Email for Awards (if different from above): | | | |
| *Is Sub a participating organization of the FDP Expanded Clearinghouse ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

** If NO, the Subrecipient will need to complete a [Subrecipient Commitment Form](#).*

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

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the PHS-NIH consortium grant policies and are prepared to establish the necessary inter-institutional agreements consistent with those policies. In signing below, the Subrecipient certifies it has implemented and is enforcing a written policy of conflicts of interest consistent with the provisions of 42 CFR Part 50, Subpart F & 45 CFR Subtitle A, Part 94. If a conflict is identified by the Subrecipient during the period of the award contemplated under this agreement, the Subrecipient will report to the PTE the existence of the conflict, including the grant title, PI (if different from the investigator with the financial interest) and the specific method the Subrecipient adopts for addressing the conflict (managing, reducing, or eliminating it). The Subrecipient will rely on the PTE to report the existence of the conflict to NIH.

If the Prime Awarding Sponsor is NIH and the Subrecipient is a Foreign organization as defined by the NIH Grants Policy Statement: the Subrecipient agrees to abide by the requirements of the NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreement (NOT-OD-23-182), and will provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to

the PTE with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report submission. Such access may be entirely electronic.

If the Prime Awarding Sponsor is a U.S. federal agency and the Subrecipient is a foreign organization, the Subrecipient certifies they are aware of the Foreign Talent Recruitment Program requirements of the CHIPS and Science Act of 2022 (Subtitle D Research Security, Sections 10631, 10632, and 10638 of the U.S. Public Law 117-167) and are willing to abide by all requirements should an award be issued. 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.

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:

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|---|--|
| <input type="checkbox"/> Sub Statement of Work (required) | <input type="checkbox"/> Sub Budget Justification (required) |
| <input type="checkbox"/> Sub Detailed Line Item Budget (required) | <input type="checkbox"/> Other: _____ |

Subrecipient Institutional Authorized Official Signature:

| | |
|------------------------------|-------------------------|
| _____ | _____ |
| <i>Name and Title</i> | <i>Signature</i> |

Date