## SUBRECIPIENT INTENT FORM THE UNIVERSITY OF KANSAS (KU)

Section A: PRIME AWARDEE or PASS-THROUGH ENTITY (KU):

U Principal Investigator:		Prime Agency: PHS Compliant:  O Yes  No				
Title of KU Proposal Application:						
Section B: SUBRECIPIENT INFORMATION This document confirms our commitment to part		ubrecipient in the above referen	ced project.			
Subrecipient Principal Investigator:		Requested Cumulative Amount of Subrecipient Award:				
Project Period: From: To:		Subrecipient Cost Share (if applicable):				
Legal Name of Subrecipient Organization (as	specified in S	System for Award Manageme	ent- SAM)			
DUNS#:		FEIN#:				
Address of Subrecipient:						
City:	State:	Congressional District:	NAICS Code:			
9-digit zip code:		Country:				
Phone Number:		Email Address:				
Fax Number:		Website Address:				
Address of Place of Performance (if different)	:					
City:	State:	9-digit zip code:	Congressional District:			
Figure I Value Fund Dates	Otata a	ad Data of Incompanies.				
Fiscal Year End Date:	State ar	nd Date of Incorporation:				
Number of Employees:  © 1-100 © 100-500 © 500+	FEIN fo	audit filing (if different than above):				
Entity Designation:	Type of	Type of organization (select all that apply):				
C Foreign entity C Domestic entity	☐ Go	<ul> <li>Non-profit entity</li> <li>Government entity</li> <li>University</li> <li>Other</li> </ul>				

## Section C: SUBRECIPIENT REGISTRATION IN SAM and AUDIT STATUS:

As a Subrecipient, we understand that prior to execution of any final Subrecipient Agreement, we are required to have a Dun & Bradstreet Data University Numbering System (DUNS) number and be registered in the System for Award Management (SAM) (formerly CCR).

1. Does t	the Subrecipi	ient organi	zation have a c	urrent regist	tration in Sys	stem for A	ward Mana	agement (	SAM)?	
	C Yes		○ No							
2. Subre	cipient organ	ization's A	A-133 or Uniforr	n Guidance	Audit Status	s:				
(	Subrecipie	nt DOES r	eceive an annua	al audit in ac	cordance w	ith Uniforn	n Guidance	Subpart	F audit re	quirements.
			year of last audite any material find							
		© Y	es 🔘	No						
		Clearingho	•	•						
(	Subrecipie because:	nt DOES N	NOT receive an	annual audit	in accordar	nce with U	niform Guid	lance Sub	part F au	dit requirements
	6	Subrecip	ient is a For-prof	it, Foreign, o	r Federal Ent	tity.				
		Subrecip	ient expended le	ss than \$750	0,000 in Fede	eral awards	s during the	most rece	ent fiscal y	ear.
	•		ve an annual at ve an independ				uidance Su	ıbpart F, d	seot	
(	Yes									
	A B	. Were the	d year of last auc re any material fir ach or provide th	ndings:	ır independen	nt audit/aud	it report			
	O No									
or inde audit o 4. Subre	ependent aud er increased n	it, KU may nonitoring	does not receive include addition provisions. d Federal Facil	nal requireme	ents in the s	ubaward a	greement,			
ŀ	f yes, please a	attach a cop	y of your current	rate agreem	ent or provide	e the URL.				
Section D:	SUBRECIP	IENT COM	IPLIANCE RE	<u>/IEW:</u>						
<b>1.</b> Are Hւ	uman Subjec	ts Involved	d?							
	○ No	O Yes								
	If Yes, Humar	n Subjects	Assurance No. (	MPA/FWA):						
OR			Expiration Date							
	Pending									
	mal Use/Expe		n Involved?							
	○ No	C Yes								
			ssurance Numb							
OR	Approval Dat	e	Expiration Date							
	Pending	Approva	ı							
3. Do you	-	he use or	development of	items, softw	vare, or tech	nology tha	at would re	quire revi	ew under	
•	○ No	C Yes	O Unknow	n at this tir	me					
4. Does y	your organiza	ation have	a current confli	ct of interest	t (COI) polic	:y?				
·	O No	C Yes								

For KU Use only: KU Project #:	KU Sub. Agreement #:	Date Sub. Agreement Fully  Date Entered into FFATA Executed:  Database:			
	KII Sub Agraement #	Data Sub Agreement Fully Data Entered into EEATA			
Date:	Phone:	Email:			
organication of Oubli	ospione / tanonzou omoidi.	Typod Hamo & Filio.			
ne necessary inter-i	nstitutional agreements consistent with ecipient Authorized Official:				
y signature below, th		ite programmatic and administrative personnel are prepared to enter int			
rove a subrecipier	t relationship.				
		note this should be a brief executive summary, limited to full project scope of work that is necessary for our office to			
ction E: FFATA SU	JBAWARD PROJECT DESCRIPT	TION: (to be used for public reporting under the Federal			
recipient Institution	n must certify PHS-compliant FCOI nt plan to the University of Kansas.	training for all Investigators, and must report all financial conflicts			
TF: All Investigators	·	prior to submission of the proposal. Prior to receipt of award, the			
C Yes	If Yes, by signing below, I certify Institution's PHS-compliant FCC	y that all Investigators on this project have complied with the			
	If No, all Investigators of the subrecipient organization must report through and adhere to KU's FCOI process prior to submission of the proposal.				
, NO					
© No		precipient organization must report through and adhere to KU's			

5. For proposals to a PHS-compliant sponsor: