

**SUBRECIPIENT INTENT FORM
THE UNIVERSITY OF KANSAS (KUCR)**

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

KUCR Principal Investigator:	Prime Agency: <input type="radio"/> Yes <input type="radio"/> No PHS Compliant: <input type="radio"/> Yes <input type="radio"/> No
Title of KUCR Proposal Application:	

Section B: SUBRECIPIENT INFORMATION:

This document confirms our commitment to participate as a subrecipient in the above referenced 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 System for Award Management- 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:

Fiscal Year End Date:	State and Date of Incorporation:
Number of Employees: <input type="radio"/> 1-100 <input type="radio"/> 100-500 <input type="radio"/> 500+	FEIN for audit filing (if different than above):
Entity Designation: <input type="radio"/> Foreign entity <input type="radio"/> Domestic entity	Type of organization (select all that apply): <input type="checkbox"/> Non-profit entity <input type="checkbox"/> For-profit entity <input type="checkbox"/> Government entity <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> University <input type="checkbox"/> Other _____

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 the Subrecipient organization have a current registration in System for Award Management (SAM)?

- Yes No

2. Subrecipient organization's A-133 or Uniform Guidance Audit Status:

Subrecipient DOES receive an annual audit in accordance with Uniform Guidance Subpart F audit requirements.

A. Month and year of last audit: _____

B. Were there any material findings:

- Yes No

C. Please attach or provide the URL of your annual audit (if not posted at the Federal Audit Clearinghouse) _____

Subrecipient DOES NOT receive an annual audit in accordance with Uniform Guidance Subpart F audit requirements because:

Subrecipient is a For-profit, Foreign, or Federal Entity.

Subrecipient expended less than \$750,000 in Federal awards during the most recent fiscal year.

3. If subrecipient does not receive an annual audit in accordance with Uniform Guidance Subpart F, does Subrecipient Organization have an independent audit or auditor's report?

Yes

If Yes,

A. Month and year of last audit: _____

B. Were there any material findings:

C. Please attach or provide the URL of your independent audit/audit report _____

No

If a subrecipient organization does not receive an A-133 or independent audit or has findings on its most recent A-133 or independent audit, KUCR may include additional requirements in the subaward agreement, such as a limited scope audit or increased monitoring provisions.

4. Subrecipient has a Negotiated Federal Facilities and Administrative rate (IDC):

- Yes No

If yes, please attach a copy of your current rate agreement or provide the URL. _____

5. Subrecipient maintains a system of internal controls to ensure that personnel costs incurred (i.e., effort certification) on sponsored awards are allocable, allowable, and represent the actual work performed?

- Yes No

If no, please detail how personnel costs incurred on the proposed scope of work will be documented to ensure accurate reporting.

Section D: SUBRECIPIENT COMPLIANCE REVIEW:

1. Are Human Subjects Involved?

- No Yes

If Yes, **Human Subjects Assurance No. (MPA/FWA):**

Approval Date _____ **Expiration Date** _____

OR

- Pending Approval

2. Is Animal Use/Experimentation Involved?

- No Yes

If Yes, **Animal Welfare Assurance Number:** _____

Approval Date _____ **Expiration Date** _____

OR

- Pending Approval

3. Do you anticipate the use or development of items, software, or technology that would require review under Export Control laws?

- No Yes Unknown at this time

4. Does your organization have a current conflict of interest (COI) policy?

- No Yes

5. For proposals to a PHS-compliant sponsor:

Is your COI policy compliant with the requirements for a financial conflict of interest (FCOI) policy under PHS 42 CFR Part 50 Subpart F and 45 CFR Part 94, Promoting Objectivity in Research?

- No

If No, all Investigators of the subrecipient organization must report through and adhere to KU's FCOI process prior to submission of the proposal.

- Yes

If Yes, by signing below, I certify that all Investigators on this project have complied with the Institution's PHS-compliant FCOI policy.

NOTE: All Investigators must comply with the FCOI policy prior to submission of the proposal. Prior to receipt of award, the Subrecipient Institution must certify PHS-compliant FCOI training for all Investigators, and must report all financial conflicts and related management plan to the University of Kansas.

Section E: FFATA SUBAWARD PROJECT DESCRIPTION: (to be used for public reporting under the Federal Funding Accountability and Transparency Act.—Please note this should be a brief executive summary, limited to 4,000 characters.) This description is separate from the full project scope of work that is necessary for our office to approve a subrecipient relationship.

Section F: SUBRECIPIENT SIGNATURE:

By signature below, the Subrecipient confirms the appropriate programmatic and administrative personnel are prepared to enter into the necessary inter-institutional agreements consistent with the prime funding agency's policies.

Signature of Subrecipient Authorized Official:		Typed Name & Title:	
Date:	Phone:	Email:	

For KUCR Use only:

KUCR Project #:	KUCR Sub. Agreement #:	Date Sub. Agreement Fully Executed:	Date Entered into FFATA Database:
Subrecipient Agreement Duration Dates:		By (Initials):	