

Statement of Intent to Establish a Consortium Agreement

Part I: To be completed by all outgoing subrecipients/subcontractors

All subrecipients as well as potential subcontractors who anticipate funding under a federal or non-federal "contract" must complete this form when submitting a proposal to Weill Cornell Medicine (WCM). It provides a checklist of documents and certifications required by prime sponsors and it must be endorsed by the subrecipient's authorized institutional representative prior to proposal submission.

SUBRECIPIENT INFORMATION	
Legal Name: Address:	Authorized Official Name: Email:
Subrecipient PI: Email: FDP Profile URL (if applicable):	Financial Contact Name: Email:
SUBRECIPIENT PROJECT INFORMATION	
Prime Site: Prime Site PI: Prime Awarding Agency: RFA/PA # (if applicable):	Project Title: Total Proposed Amount: Project Period:
PROPOSAL DOCUMENTS	
<p>The following documents are included in our subaward proposal and covered by the certifications below:</p> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Scope of Work (Required) <input type="checkbox"/> Budget and Justification (Required) <input type="checkbox"/> Attachment 3B Subrecipient Contacts (Required) </div> <div style="flex: 1;"> <input type="checkbox"/> Biosketches in agency required format <input type="checkbox"/> Cost Sharing Amount (if applicable): <input type="checkbox"/> Other: </div> </div>	
COMPLIANCE	
Subrecipient's Scope of Work Includes: <input type="checkbox"/> Human Subjects If Yes, and non-FDP institution, what is your FWA # _____. <input type="checkbox"/> Vertebrate Animals If Yes, and non-FDP institution, what is your AWA # _____. <input type="checkbox"/> Stem Cells	<input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Large Scale Human or Non-Human Genomic Data (if NIH) <small>For applicability, please refer to policy. Documentation of an approved consent form and Institutional Certification will be required prior to the award, at the "Just in Time" stage.</small>
CERTIFICATIONS/TRAININGS	
<input type="checkbox"/> All subrecipient key personnel and covered personnel have completed federally required research security training and other support training (Federal Only)* <input type="checkbox"/> RCR/RECR training will be completed by project personnel as defined in the corresponding sponsor's policy prior to the expenditure of funding (NIH, NSF, USDA-NIFA Only)*	<input type="checkbox"/> All subrecipient senior/key personnel have certified that they are not a party to a Malign Foreign Talent Recruitment Program <input type="checkbox"/> If NASA, subrecipient certifies it is not a China or Chinese-owned entity, and it will not participate, collaborate, or coordinate bilaterally with China or any Chinese-owned entity. <input type="checkbox"/> If NIH and subrecipient is international, subrecipient certifies to abide by the foreign subaward requirement in NOT-OD-23-182
<small>*Copies of training certifications must be provided to the prime upon request.</small>	

SUBRECIPIENT VS. CONTRACTOR DETERMINATION

Check all that apply:

Subrecipient

- Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program
- Will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of WCM
- Is responsible for adhering to applicable program requirements specified in the prime award
- There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions

For the purpose of this proposal, my organization is properly categorized as (check one): subrecipient contractor as described above.

Contractor

- Provides goods or services that are ancillary to the operation of the program identified in the prime award
- Provides the goods or services purchased with the funds within normal business operations
- Provides similar goods or services to many different purchasers
- Is not subject to the compliance requirements of the program as a result of the agreement with WCM
- Normally operates in a competitive environment

By signing below, I certify that I am the authorized institutional representative and the information and representations made herein are true and accurate. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements 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.

Signature of Subrecipient's Authorized Institutional Official

Name and Title of Subrecipient's Authorized Institutional Official

Date:

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Part II: To be completed by Subrecipients/Subcontractors NOT participating in the FDP Clearinghouse Pilot

For list of participating institutions, see <https://fdpclearinghouse.org/organizations>

Certifications	
1. Facilities & Administrative Rates	included in this proposal have been calculated based on the following:
<input type="checkbox"/> Our federally negotiated F&A rate for this type of work. Our negotiated rate is: ____%.	
<input type="checkbox"/> We do not have a federally negotiated F&A rate, and have applied the 10% de minimis rate approved for institutions without a federally negotiated rate.	
<input type="checkbox"/> A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: _____ Base: _____	
<input type="checkbox"/> Not applicable (no indirect costs are requested).	
2. Fringe Benefit Rates	included in this proposal have been calculated based on the following:
<input type="checkbox"/> Rates are consistent with our federally negotiated rates.	
<input type="checkbox"/> We do not have a federally negotiated rate and have applied actual fringe benefits.	
<input type="checkbox"/> We have applied other rates (describe in comments section below).	
3. Financial Conflict of Interest – National Science Foundation (NSF)	Applicable to projects funded by NSF, including NSF flow-through or any sponsor following NSF's COI Policy.
<input type="checkbox"/> Not applicable because this project is not being funded by NSF or any other sponsor following NSF's COI Policy.	
<input type="checkbox"/> Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of NSF Award & Administration Guide Chapter IV.A.	
<input type="checkbox"/> Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by WCM's policy.	
4. Financial Conflict of Interest – Public Health Service (PHS)	Applicable to projects funded by PHS/NIH, or any sponsor following PHS.
<input type="checkbox"/> Not applicable because this project is not being funded by PHS/NIH or any other sponsor following the PHS FCOI Regulations.	
<input type="checkbox"/> Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F.	
<input type="checkbox"/> Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by WCM's policy.	
5. Ethics in Research Training	Applicable to projects funded by NSF or any other programs requiring Ethics in Research Training.
<input type="checkbox"/> Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.	
<input type="checkbox"/> Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.	
6. Debarment, Suspension, Proposed Debarment	Is the PI or any other employee or student participating in this project, debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES , please explain in Comment Section below.	
If NO , the Organization Certifies they (answer <u>all</u> questions below):	
<input type="checkbox"/> are <input type="checkbox"/> are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.	
<input type="checkbox"/> are <input type="checkbox"/> are not presently indicted for, or otherwise criminally or civilly charged by a government agency.	
<input type="checkbox"/> have <input type="checkbox"/> have not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or	

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commissions of contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements or receiving stolen property.

have have not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

Audit Status

1. Was the subrecipient required to conduct an annual audit in accordance with the Single Audit Act or Uniform Guidance Subpart F, Audit Requirements for the most recent Audit year? ***YES** **NO**
 - a) Was an audit in accordance with the Single Audit Act completed for the most recent fiscal year? Yes No
 - b) Were there any audit findings reported? Yes No If Yes, please clarify in Comments section below.

* If YES is checked, a complete copy of subrecipient's most recent audit report, or the Internet URL link to a complete copy, must be furnished to WCM before a subaward will be issued. URL:

If no audit was completed OR If Subrecipient is not subject to the Single Audit Act or Uniform Guidance, complete and attach a [Mini-Audit Questionnaire](#). A limited-scope audit may be required before a subaward can be issued.

Subrecipient Institutional Information

Federal policy requires subrecipients of federal funds to be registered in SAM

1. Is subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) **YES** **NO** If **NO**, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the SAM (System for Award Management) home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your CCR registration may take 3-5 business days to process. Subrecipient *must* maintain current CCR information in SAM.
2. EIN #:
3. UEI #:

Comment

Attachment 3B

Subrecipient Contacts

Subaward Number:

Subrecipient Information for [FFATA](#) reporting

Entity's UEI Name:

EIN No.:

Institution Type:

UEI:

Currently registered in SAM.gov: Yes No

Parent UEI:

Exempt from reporting executive compensation: Yes No (if no, complete 3Bpg2)

Place of Performance Address

This section for U.S. Entities: Zip Code [Look-up](#)
Congressional District: Zip Code+4:

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

Financial Contact Name:

Email:

Telephone Number:

Invoice Email:

Authorized Official Name:

Email:

Telephone Number:

Legal Address:

Administrative Address:

Payment Address: