

Statement of Intent to Establish a Consortium Agreement

Part I: To be completed by all 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: Subrecipient PI: Email:	Authorized Official Name: Email: 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	
The following document are included in our subaward proposal and covered by the certifications below: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Scope of Work (Required) <input type="checkbox"/> Budget and Justification (Required) <input type="checkbox"/> Biosketches </div> <div style="width: 48%;"> <input type="checkbox"/> Cost Sharing Amount (if applicable): <input type="checkbox"/> Other: </div> </div>	
CERTIFICATIONS	
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) <i>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.</i>
SUBRECIPIENT VS. CONTRACTOR DETERMINATION	
Check all that apply:	
Subrecipient <input type="checkbox"/> Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program <input type="checkbox"/> 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 <input type="checkbox"/> Is responsible for adhering to applicable program requirements specified in the prime award <input type="checkbox"/> There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions	Contractor <input type="checkbox"/> Provides goods or services that are ancillary to the operation of the program identified in the prime award <input type="checkbox"/> Provides the goods or services purchased with the funds within normal business operations <input type="checkbox"/> Provides similar goods or services to many different purchasers <input type="checkbox"/> Is not subject to the compliance requirements of the program as a result of the agreement with WCM <input type="checkbox"/> Normally operates in a competitive environment
For the purpose of this proposal, my organization is properly categorized as (check one): <input type="checkbox"/> subrecipient <input type="checkbox"/> subcontractor as described above.	

NIH International Subrecipient Reporting Requirement (For non-U.S. Subrecipients only)

- ☐ If the prime sponsor is the U.S. National Institutes of Health (NIH), Subrecipient is aware of the provisions of [NIH GPS 15.2.1](#) requiring that international subrecipients provide access to copies of all lab notebooks, data, and documentation that support any resulting research outcomes, and Subrecipient confirms that it is able to comply and provide WCM with regular access to these materials (i.e. annually) for the life of the subaward.

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 http://sites.nationalacademies.org/cs/groups/pgasite/documents/webpage/pgga_173303.pdf

Certifications

1. Facilities & Administrative Rates included in this proposal have been calculated based on the following:

- ☐ Our federally negotiated F&A rate for this type of work. Our negotiated rate is: ____%.
- ☐ 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.
- ☐ A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: _____ Base: _____
- ☐ Not applicable (no indirect costs are requested).

2. Fringe Benefit Rates included in this proposal have been calculated based on the following:

- ☐ Rates are consistent with our federally negotiated rates.
- ☐ We do not have a federally negotiated rate and have applied actual fringe benefits.
- ☐ 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.

- ☐ Not applicable because this project is not being funded by NSF or any other sponsor following NSF's COI Policy.
- ☐ 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.
- ☐ 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.

- ☐ Not applicable because this project is not being funded by PHS/NIH or any other sponsor following the PHS FCOI Regulations.
- ☐ 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.
- ☐ 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.

- ☐ Not applicable because this project is not being funded by NSF or any other programs requiring Ethics in Research Training.
- ☐ 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 ☐ NO ☐

If YES, please explain in Comment Section below.

If NO, the Organization Certifies they (answer all questions below):

- ☐ are ☐are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- ☐ are ☐are not presently indicted for, or otherwise criminally or civilly charged by a government agency.
- ☐ have ☐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