

Subrecipient Letter of Intent



THE OHIO STATE UNIVERSITY

Sponsored Programs
1050 Carmack Road, Columbus, Ohio 43210

To be completed by institution issuing the subaward:

Pass-Through Entity (PTE)

PTE PI Name	Prime Sponsor		
Solicitation Number	Sponsor Due Date	Performance Start	Performance End
Proposal Title			

A. Subrecipient Information

To be completed by the subrecipient organization:

Subrecipient is a participant of the FDP Expanded Clearinghouse: ☐ Yes *If yes, complete sections A-D then STOP. Return signed form.*
☐ No *If no, complete the entire form, sections A-F, before returning.*

Institution's Legal Name			UEI/DUNS
Administrative Contact Name	Administrative Title	Administrative Email	Administrative Phone
Subrecipient PI Name	PI Phone	PI Email	eRA Commons User Name <i>NIH proposals</i>
Performance Site Address		City	
State/Country	ZIP + 4/Postal Code	Performance Site Congressional District	
Total Subrecipient Request \$	Requested Direct \$	Requested F&A \$	Cost-sharing \$ <i>Must be in budget & budget justification.</i>
Participant Support \$ ☐ Yes ☐ No	Program Income: ☐ Yes ☐ No	Clinical Trial: ☐ Yes ☐ No	
Human Subjects: ☐ Yes ☐ No	Export Control: <i>Do you anticipate the use, transfer or development of items, software or technology that is export controlled?</i> ☐ Yes ☐ No ☐ Unknown at this time		
Vertebrate Animals: ☐ Yes ☐ No			

B. Checklist of Proposal Documents Required

☐ Statement of Work	☐ Budget and Budget Justification	☐ Other _____
--	--	--------------------------------------

C. Sponsor Certifications

- ☐ All covered/senior/key individuals have been made aware of and have complied with their responsibility under Section 10632 of the CHIPS and Science Act of 2022 to certify that the individual is not a party to a malign foreign talent recruitment program.
- ☐ All research security requirements, including training for covered/senior/key individuals, have been completed prior to submission of this application if/when required by the federal agency listed as the prime sponsor.

- ☐ If NASA, subrecipient certifies it is not a Chinese or Chinese-owned entity, and it will not participate, collaborate, or coordinate bilaterally with China or any Chinese-owned entity, whether the involvement is funded or performed under a “no exchange of funds” arrangement.
- ☐ If NSF or NIFA, subrecipient institution certifies it is compliant with sponsor’s Responsible and Ethical Conduct of Research requirements.

D. Subrecipient Approvals

As the Authorized Official, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. The appropriate programmatic and administrative personnel involved in this proposal are aware of the sponsoring agency policies, agree to comply with award terms, conditions and certifications and are prepared to enter into an inter-institutional agreement 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. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Authorized Official Name

Title

Signature of Authorized Official

Date Signed

Note: FDP Expanded Clearinghouse Participants – STOP HERE and Return Form. All Other Institutions Must Complete Sections E and F.

E. Non-FDP Expanded Clearinghouse Participant Information

To be completed by the subrecipient organization:

Administrative Address	City	State	ZIP + 4/Postal Code	Congressional District
------------------------	------	-------	---------------------	------------------------

F&A or G&A rate: _____ Base: _____ ☐ Agreement Attached ☐ Link _____

Registered in SAM? ☐ Yes ☐ No Check if Institution is: ☐ Less than or equal to 5 year old ☐ HUB-Zone or Small Disadvantaged Business

EIN	Human Subjects Assurance Number	Animal Welfare Assurance Number
-----	---------------------------------	---------------------------------

Institution Type: Choose one.

- ☐ For-Profit *Including Small Business* ☐ Government Entity ☐ Institution of Higher Education
- ☐ Non-U.S. Entity ☐ Not-for-Profit ☐ School District/Other Local Educational Agency
- ☐ Other *Specify* _____

F. Financial Conflict of Interest (FCOI) Compliance Statement

Check one.

- ☐ Subrecipient organization certifies that it has an active and enforced FCOI policy that is compliant with the requirements of the prime sponsor of this proposal, such as PHS, NSF, DOE, NASA or any other sponsor with an FCOI requirement. Contact Ohio State’s Enterprise for Research, Innovation and Knowledge Sponsored Programs team to determine if the sponsor of this proposal has an FCOI requirement.
- ☐ Subrecipient does not have an FCOI policy that is compliant with the requirements of the prime sponsor of this proposal, but will develop one prior to issuance of a subaward. A model policy is available at the Federal Demonstration Partnership website. <https://thefdp.org/>
- ☐ Subrecipient does not have an FCOI policy that is compliant with the requirements of the prime sponsor of this proposal and agrees to be bound by Ohio State’s Outside Activities and Conflicts policy, available at go.osu.edu/outside-activities-policy. When required by the prime sponsor (e.g., PHS, NSF, DOE, NASA), Subrecipient Investigators must complete the Pre-Award Subrecipient Investigator Disclosure Form at go.osu.edu/sub-disclosure prior to proposal submission and return it with this form.
- ☐ Not applicable – Prime sponsor of this proposal does not have an FCOI requirement.