Completion of this form is mandatory when proposing subcontract(s) under a federal contract for sponsored activity and the subcontract is being issued without seeking multiple bids. See Uniform Guidance Section 200.324 or the Federal Acquisition Regulation 6.302-1 for additional guidance. Email all completed forms to [subawards@research.uci.edu](mailto:subawards@research.uci.edu).

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| --- | --- |
| Proposed Subrecipient: Memorial Sloan Kettering Cancer Center | |
| Prime Sponsor: NIH | Proposed Subaward Amount: $ |
| Project Title: | KC Doc Number: |
| UCI Principal Investigator: David Mobley | Department Contact: Trinh Tran |
| **Sole Source Justification**   1. Based on what expertise or resources was this particular subrecipient selected to perform the work (i.e., why is this proposed subrecipient unique)?      1. Why is this particular subrecipient’s expertise or resource critical to the project?      1. The reasons (other than cost) that this subrecipient was selected over others are: | |
| **Principal Investigator Verification**  By signing below, I verify that I have that I have reviewed all costs proposed by the subrecipient under this subcontract and found them to be allowable, allocable, and reasonable for the proposed statement of work.  Principal Investigator certifies that he/she does / does not have a financial interest in the proposed subrecipient.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Printed Name Date | |