Subrecipient Statement of Collaborative Intent

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 UCI. 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: Sloan Kettering Institute for Cancer Research Address: 1275 York Avenue New York, NY 10065-6007 DUNS #: 064931884 Subrecipient PI: Dr. John Chodera Address: 1275 York Avenue New York, NY 10065-6007 Email: john.chodera@choderalab.orgClick here to enter text.	Authorized Official Name: Annmarie L. Pacchia, PhD Address: 1275 York Avenue New York, NY 10065-6007 Email: sponsor@mskcc.org Financial Contact Name: Annmarie L. Pacchia, PhD Address: 1275 York Avenue New York, NY 10065 Email: sponsorp@mskcc.org

SUBRECIPIENT PROJECT INFORMATION

UCI PI: Dr. David Mobley Prime Sponsor: NIH	Project Title: Advancing predictive physical modeling through... Total Proposed Amount: $837,308 Project Period: 4/1/18-3/31/23

PROPOSAL DOCUMENTS

The following document are included in our subaward proposal and covered by the certifications below:

X Scope of Work (Required) X Budget and Justification (Required) X Biosketches	☐Cost Sharing Amount (if applicable): ☐Other: Click here to enter text.

CERTIFICATIONS

Documentation of Subrecipient's approval(s) may be required

Subrecipient's Scope of Work Includes: ☐Human Subjects If human subjects are involved, have all key personnel completed human subjects training? ☐Yes ☐No ☐Vertebrate Animals ☐Stem Cells	X Recombinant DNA ☐Dual Use Research of Concern (DURC) *For a list of applicable agents, see page 9 of policy.* ☐Large Scale Human or Non-Human Genomic Data (if NIH) *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.*

SUBRECIPIENT VS. CONTRACTOR DETERMINATION

Check all that apply:

Subrecipient	**Contractor**
☐Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program	☐Provides goods or services that are ancillary to the operation of the program identified in the prime award
☐Will use the funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of UCI	☐Provides the goods or services purchased with the funds within normal business operations
☐Is responsible for adhering to applicable program requirements specified in the prime award	☐Provides similar goods or services to many different purchasers
☐There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions	☐Is not subject to the compliance requirements of the program as a result of the agreement with UCI ☐Normally operates in a competitive environment

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

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.

Jason St Germain 5/15/17
Director
Grants & Contracts, ORPA

Signature of Subrecipient's Authorized Institutional Official

Annmarie L. Pacchia, PhD, VP, ORPA

Name and Title of Subrecipient's Authorized Institutional Official

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Date:

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/pga_173303.pdf

Certifications

1. **Facilities & Administrative Rates** included in this proposal have been calculated based on the following:
   X Our federally negotiated F&A rate for this type of work.
   ☐ No federal negotiated rate and we hereby agree to accept the 10% de minimis MTDC rate as a subrecipient.
   In the case of NIH: NIH will continue to reimburse F&A costs to foreign and international organizations at a rate of 8 percent of modified total direct costs (MTDC) less only equipment.
   ☐ A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept. Rate: _____ Base: _____
   ☐ Other rates (please specify basis/rationale in Comment Section below). Rate: _____ Base: _____
   ☐ Not applicable (no indirect cost are requested). If checked, please specify rationale in Comment Section below.
   ☐ Indirect costs are not separately requested as costs are fully burdened.
2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:
   X Rates are consistent with our federally negotiated rates.
   ☐ Other rates (please specify in Comment Section below the basis on which the rate has been calculated)
   ☐ Fringe Benefits are not separately requested as costs are fully burdened.
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.
   X 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 UCI's policy. To comply with UCI's policy, please attach a completed Form 900SR for each investigator on this project.
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.
   X 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 UCI's policy. To comply with UCI's policy, please attach a completed Form 800SR for each investigator on this project.
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.
   X 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 X are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal

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contracts.

☐are **X** are not presently indicted for, or otherwise criminally or civilly charged by a government agency.

☐have **X** 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 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 **X** 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 X** **NO** ☐

   a) Was an audit in accordance with the Single Audit Act completed for the most recent fiscal year? Yes X No ☐

   b) Were there any audit findings reported? Yes ☐ No X If Yes, please clarify in Section H.

   * 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 UCI before a subaward will be issued. URL: Click here to enter text.

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 (http://www.research.uci.edu/forms/docs/sp/mini-audit-questionnaire.pdf). 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** X **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.

Comment

Click here to enter text.

To Whom It May Concern:

In my absence, Jason St Germain, Director, Grants and Contracts will sign grants and related documents as an institutional official for Sloan-Kettering Institute for Cancer Research.

Annmarie L. Pacchia, PhD., Vice President
Office of Research & Project Administration