

## Subrecipient Intent Form

FSU College/Unit: \_\_\_\_\_ FSU PI: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_ Solicitation No.: \_\_\_\_\_  
Project Title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

----- SECTIONS BELOW TO BE COMPLETED BY SUBRECIPIENT -----

Subrecipient Legal Name: \_\_\_\_\_ UEI\* \_\_\_\_\_  
Subrecipient PI: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Administrative Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address where Research will be performed: \_\_\_\_\_  
Congressional District: \_\_\_\_\_  
Total Amount Requested: \_\_\_\_\_ Cost Share Amount (if applicable): \_\_\_\_\_

**The following required documents are included as attachments:**

- ☐ Subrecipient's Scope of Work
- ☐ Subrecipient's Budget and Budget Justification
- ☐ Subrecipient's Negotiated Rate Agreement (if indirect costs are requested)

**Subrecipient Scope of Work Includes (check all that apply, provide approval documentation where applicable)**

- |   |                      |    |         |                          |
|---|----------------------|----|---------|--------------------------|
| <input type="checkbox"/> Human Subjects             | Approval Date: _____ | or | Pending | <input type="checkbox"/> |
| <input type="checkbox"/> Animal Subjects            | Approval Date: _____ | or | Pending | <input type="checkbox"/> |
| <input type="checkbox"/> Human Embryonic Stem Cells | Approval Date: _____ | or | Pending | <input type="checkbox"/> |
| <input type="checkbox"/> Recombinant DNA            | Approval Date: _____ | or | Pending | <input type="checkbox"/> |
| <input type="checkbox"/> Select Agents              | Approval Date: _____ | or | Pending | <input type="checkbox"/> |
| <input type="checkbox"/> Transfer of Materials      |                      |    |         |                          |

Are you a foreign subrecipient? ☐ Yes ☐ No

*If response is "Yes" and if the award is funded by the National Institutes of Health, subrecipient must abide by the [requirements outlined by the National Institutes of Health](#) that foreign subrecipients provide access to all lab notebooks, all data, and all documentation that support the research outcomes as described in the progress report, to FSU (i.e., FSU Principal Investigator) no less than once per year. Documentation must be provided in English. Authorized signature below confirms agreement to abide by all requirements should an award be issued.*

Is the Principal Investigator, other personnel, or the subrecipient organization presently debarred, suspended, or otherwise excluded from participation in federal programs? ☐ Yes ☐ No

Please check the appropriate responses below regarding **Financial Conflicts of Interest:**

- ☐ **Not applicable** because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), or any other sponsor that has adopted financial disclosure requirements (NSF, etc.).
- ☐ Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and 45 CFR Part 94 "Responsible Prospective Contractors."
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy, but will have a PHS compliant policy in place at the time of award.
- ☐ Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to comply with NSU's policy. If this box is checked, the Subrecipient will be required to complete an Outside Interests disclosure following FSU's process for each Subrecipient investigator.

By signing below, Subrecipient certifies that the required conflict of interest training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant (for those adopting FSU's policy, training information is located here: [ORSP CITI](#)).

**SUBRECIPIENT APPROVAL:** The appropriate programmatic and administrative personnel of our organization have reviewed and approved the associated proposal, are aware of the pertinent federal regulations and policies, and are prepared to enter into an inter-organizational agreement that will ensure compliance with all such policies. Any work begun and/or expenses incurred prior to execution of such agreement are at the organization's own risk.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. 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.

\_\_\_\_\_  
Authorizing Official Name

\_\_\_\_\_  
Authorizing Official Title

\_\_\_\_\_  
Authorizing Official Signature

\_\_\_\_\_  
Date Signed

\*In accordance with 2 CFR Subtitle A Part 25, no entity may receive a subaward from NSU unless the entity has provided its Unique Entity ID (UEI) to NSU. If the organization has more than one UEI, the applicable UEI must be provided. To obtain a UEI number, please visit [www.sam.gov](http://www.sam.gov).