

STATEMENT OF INTENT (SOI)

					(
Funding Pass-Through Entity (PTE) INFORM					PLEASE COMPLETE ALL FIELDS			
PTE PI								
PTE Institution								
Project Title								
COOPERATING INSTITUT	ION INFORMA	TION (Suba	award/Sub	recipient)	Note: F&A = Fac	ilities and Administrati	ve (Indirect) Costs Rate Agreement	with U.S. Government
Legal Institution Name				1				
PI Name					ERA Commons ID			
F&A Rate					Project Period	From:	То:	
Agmt. Posted Online	Yes No				Direct Costs	Total Costs		
Link to F&A Agmt.					F&A Costs		Total Costs	
INSTITUTIONAL INFORM	IATION	Complete Co	ntact inforn	nation section is o	n the attached 3B		Note: fCOI = Financi	al Conflict of Interest
Website								
fCOI Policy	Yes* No Certified on FDP fCOI Clearinghouse Yes No *See fCOI certification below.							
Annual Audit	Yes N	No Link to Audit						
Entity Risk per Audit	Low No	Low Not Low Findings		Yes N	No Most Recent Audit Yea		mpleted	
PROJECT INFORMATION		YES	NO	ASSU	RANCE#	АР	PROVAL DATE OR PENI	DING
Human Subjects								
Vertebrate Animals								
Human Embryonic Stem	Cells							
Inventions And Patents	•							
(For Renewal Application Program Income	s)							
Trogram meome								
CERTIFICATIONS In signing below and offerin suspended, proposed for de on any federal debt; they ar federal funds for the purpos filed with DHHS compliance (680); they are in compliance human subjects); the Anima with NIH guidelines regardir inclusion of women, childre * The appropriate programmand are prepared to establis implemented and is enforcic conflict is identified by the COPTE the existence of the correction of the conflict to the c	barment, declare e in compliance vo e of lobbying; the offices certification with PHS policy. Welfare Act (PLong human pluripoin & minorities in matic and administic the necessary ing a written polic cooperating Institution, including the ots for addressing	ed ineligible of with the Drugery have filed on forms governing P-89-544 as an tent stem ce research. Strative personter-institution of conflicts cution during le grant title,	or voluntarilist Free Work, annually with verning Civil rogram Incomended) and Il research, to the period of interest the period PI (if differe	y excluded from replace Act of 1988; the Office of Sci Rights (441), Handome; they have est of the Health Reseatransplantation of the institution involved the the award content from the investion the investion of the award content from the investional section.	eceiving funds from an they are in compliance entific Integrity a PHS dicapped Individuals (6 ablished policies in courch Exchange Act of 1 fetal tissue, recombinated in this grant applicity those policies. In separated under this against a provisions of 42 CFR emplated under this against a provisions of 42 CFR emplated under this against are the separated under this against are the separated under this against are the separated under the finance	y federal departre with U.S. Code, form 6349 govern 641), Sex Discrimi mpliance with 45 985 (Public Law 9 ant DNA and hun ation are aware cigning below, the Part 50, Subpart greement, the Coial interest) and t	ment or agency and are no Section 1352, restrictions ning Misconduct in Science nation (639-A), and Age Di CFR Part 46, Subpart A (p. 19-158); and that they are in nan gene transfer research of the PHS-NIH consortium Cooperating Institution ce F & 45 CFR Subtitle A, Participarting Institution will respecific method the	t delinquent on the use of e; they have iscrimination rotection of in compliance h, and grant policies ertifies it has t 94. If a eport to the
COOPERATING INSTITUT	TION BUSINESS	OFFICIAL:						
Name and Title				Signature				
Date								

STATEMENT OF WORK

Please type or copy and paste the statement of work in the area below.

Statement of Work should be less than 4,000 characters and include only information which may be made publicly available, in order to be used for FFATA reporting.

Statement of Work should contain clear details of what the Cooperating Institution will do in the performance of the project.

A budget, conforming to the requirements of the Sponsor and PTE should also be included at the time of submission.

Attachment 3B

Research Subaward Agreement Subrecipient Contacts

Subrecipient Information for US Government <u>FFATA</u> reporting Legal Entity Name:

DUNS Number	Institution Type:	
Parent DUNS	Currently registered in SAM.gov:	Yes No
(if applicable)	☐ Exempt from reporting executive co	
This section for U.S. Entities:	Congressional District:	Local County: Zip Code+4:
Place of Performance Street Address and Country)		
Subrecipient Contacts		
Central Email: Website:		
Principal Investigator Name:		
Email:	Tele	phone Number:
Administrative Contact Name:		
Email:	Tele	phone Number:
Financial Contact Name:		
Email:	Telep	phone Number:
Invoice Email:		
Authorized Official Name:		
Email:	Teleph	none Number:
Legal Address:		
Administrative Address (if different	from legal address):	
Payment Address (if different from le	egal address):	

Attachment 3B Page 2
Research Subaward Agreement
Highest Compensated Officers

Subrecipient	
Entity Name:	
PI Name:	
Highest Comp	ensated Officers
the entity in the Federal awards; not have access periodic reports	total compensation of the five most highly compensated officers of the entity(ies) must be listed if preceding fiscal year received 80 percent or more of its annual gross revenues in and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does to this information about the compensation of the senior executives of the entity through filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue
Officer 1 Name:	
Officer 1 Compens	ation:
Officer 2 Name:	
Officer 2 Compens	ation:
Officer 3 Name:	
Officer 3 Compens	ation:
Officer 4 Name:	
Officer 4 Compens	eation:
Officer 5 Name:	
Officer 5 Compens	eation: