**Instructions: Process for Faculty to set up Subcontracts for Research Proposals Where the Prime is Outside the CON**.

The research office staff can advise you on what to do and will set up the Soonertrack grant ticket for you.

1. Completed subrecipient intent form Please see Page 2.
2. In addition, prepare the following
3. Statement of work
4. NIH budget spreadsheet
5. Budget justification
6. Not required for ORA but a good idea: letter of support from the Dean: Draft it so she has the best words to describe the aims and relevance of your work.
7. NIH biosketch
8. Provide the research office with the name and contact information of
   1. Faculty investigator and
   2. Their contact person at the institution that you will be contracting with.

**Important caveat for subcontracts**.  The due date to ORA is the date you want them to submit the material to the prime (the institution that will be sending in the application).  They need 3 full business days.  As with all funding applications, Finance will need to review the budget before the research office can upload materials to SoonerTrack.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: Organization Information** | | | | | | |
| Board of Regents of the University of Oklahoma Health Sciences Center | | |  |  | | |
| Legal Name of Subrecipient Organization/Institution | | |  | OUHSC PI | | |
| 865 Research Parkway, URP865-450 | | |  | Oklahoma City, OK 73104-3609 | | |
| Address | | |  | City, State, Zip | | |
| 73-1563627 |  | GY8NMUZQXVS7 | | |  | OK-005 |
| Federal Employer Identification Number (EIN) |  | Unique Entity Identifier (UEI) No. | | |  | Congressional District/s |
|  | | |  |  | | |
| Prime Sponsor | | |  | Flow-Through PI | | |

|  |
| --- |
| **SECTION B: OUHSC Contacts** |

|  |
| --- |
| Administrative Contact  Cathleen Rychner -Sponsored Programs Administrator  Office of Research Administration  865 Research Parkway, URP865-450  Oklahoma City, OK 73104-3609  Phone: 405-271-2090  Fax: 405-271-8651  Email: Cathleen-Rychner@ouhsc.edu |
| Project Director/Principal Investigator Contact  Name:  Address:  Telephone:  Fax:  Email: |
| Authorized Official Contact Financial Contact  Tamara Franklin, Asst. Vice President of Research  Financial Services  Grants & Contracts Accounting  865 Research Parkway, URP865-490  Oklahoma City, OK 73104-3609  Phone: 405-271-2177  Fax: 405-271-2213  [GCA@ouhsc.edu](mailto:GCA@ouhsc.edu)  Ashley Krukowski, Associate Director  Office of Research Administration 865 Research Parkway, URP865-450 Oklahoma City, OK 73104-3609 Phone: 405-271-2090 Fax: 405-271-8651 [ORANOA@ouhsc.edu](mailto:ORANOA@ouhsc.edu)  <https://research.ouhsc.edu/> |

|  |
| --- |
| **SECTION C: Project Information** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Title: |  | | | | | |
| Period of Performance: |  | | to |  | | |
| Performance Site Address: |  | | | | | |
| Congressional District: |  | | | | | |
| Direct Cost: |  | Indirect Cost $0 | | | Total Project Cost |  |

1. Will **Human Subjects** be involved in this project? **Yes** **No Approval Date: \_ \_ \_\_\_\_\_\_\_\_\_\_\_**

FWA Number: **00007961**

**If YES**, have all key personnel involved completed Human Subjects Training?  **Yes** **No**

1. Will **Animal Subjects** be involved in this project? **Yes** **No Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AWA Number: **D16-00104**

The following documents are attached to this **Subrecipient Intent Form** and included in proposal submission for consideration and are covered by the certifications below: *(check as applicable)*

|  |  |  |
| --- | --- | --- |
|  | **Statement of Work** (required) | |
|  | **Budget and Budget Justification** (required) – If multi-year subaward, include budget for each budget year. | |
|  | **Certificate of Current Cost or Pricing Data** *(Required for awards exceeding $500,000 and where price was not established by adequate price competition by catalog prices or by law. Nonprofit subrecipients are exempt from this certification when the agreement type is cost-reimbursable no-fee.)* | |
|  | Small/Small Disadvantaged Business **Subcontracting Plan**, in agency-required format *(if subcontracting $650,000 or more).* | |
|  | **Biosketches** of all Key Personnel, in agency-required format | |
|  | **Other:** |  |

**The OUHSC F&A Rate Agreement and Fringe Benefits Rate Agreement are available for viewing here**: <https://fdpclearinghouse.org/organizations/364> **under the General Information tab**.

|  |
| --- |
| **SECTION D: Conflict of Interest** |

*Conflict of Interest Policy Certification*

|  |  |
| --- | --- |
|  | Not applicable: This project is not being funded by flow-through funds from NIH, NSF, or other sponsor that has adopted the PHS federal financial disclosure requirements. |
|  | OUHSC 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.” OUHSC also certifies that, to the best of its knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with OUHSC Conflict of Interest policy prior to the expenditures of any funds under any resultant agreement. |

|  |
| --- |
| **SECTION F: Comments** |

|  |  |  |
| --- | --- | --- |
| The information, certifications and representations above have been read, signed, and made by an authorized official of the OUHSC. The appropriate programmatic and administrative personnel involved in this application are aware of the Prime Sponsor’s policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. | | |
|  |  |  |
| OUHSC Authorized Official |  | Date |
| Ashley Krukowski, MPA, CRA |  | Associate Director, Office of Research Administration |
| Name |  | Title of Authorized Official |
|  | | |