COLUMBIA|RESEARCH
Sponsored Projects Administration

Subrecipient Statement of Intent

This form is to be used when Columbia University Irving Medical Center is a proposed subrecipient, and the pass-through entity (PTE) does not require their own Subrecipient Statement of Intent (SOI) or Letter of Intent (LOI) form. It must be signed by Columbia's authorized official/institutional representative (AOR) in Sponsored Projects Administration (SPA).

Pass-through Entity (PTE):	
PTE Principal Investigator (PI): Prime Sponsor:	
SUBRECIPIENT PROPOSAL INFORMATION	
Legal Name: The Trustees of Columbia University in the City of New York	
Common Name: Columbia University Irving Medical Center	
Address: 630 West 168th Street, Box 49 New York, NY 10032-3702	**FDP Expanded Clearinghouse Profile** (for information on Single Audit and other entity information): https://fdpclearinghouse.org/organizations/295
Project Title:	
Subrecipient PI:	AOR Name: Insert name of SPA Project Officer
Subrecipient PI Email:	AOR Email: grants-office@columbia.edu
Place of Performance:	
Performance Site Congressional District: NY-013	Project Period:
Unique Entity ID (UEI): QHF5ZZ114M72	
Employer Identification Number (EIN): 13-5598093	Total Requested Amount:
PROPOSAL DOCUMENTS	
The following documents are included in our subaward proposal and covered by the certifications below:	
☐Scope of Work ☐Budget and Budget Justification for all budget periods (with cost sharing amount, if applicable) ☐Biographical Sketches ☐Current & Pending (Other) Support (if required by the sponsor at time of proposal submission) ☐Letter of Support	
Subrecipient's Scope of Work Includes: ☐Human Subjects ☐Vertebrate Animals ☐Human Pluripotent or Human Embryonic Stem Cells	

By signing below, I certify that I am an authorized institutional representative and that the appropriate programmatic and administrative personnel involved in this application are aware of all sponsor policies and other regulatory requirements applicable to institutions and investigators, agree to accept the obligation to comply with applicable award terms, conditions, certifications, and required trainings, 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. I certify that any training requirements for covered/senior/key individual(s), as defined by the federal agency listed as prime sponsor, have been completed prior to submission of this application if/when required by the federal agency.

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.

delete this text and insert electronic or ink signature here

Signature of Subrecipient's Authorized Institutional Representative

Date

Name and Title of Subrecipient's Authorized Representative