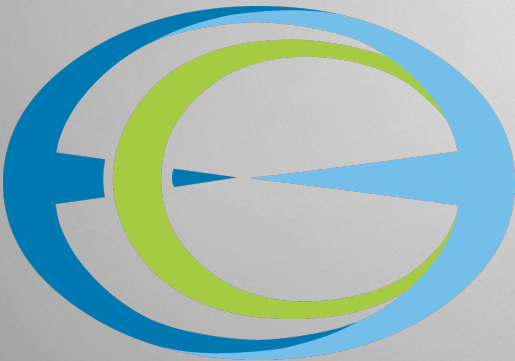


Department Perspective

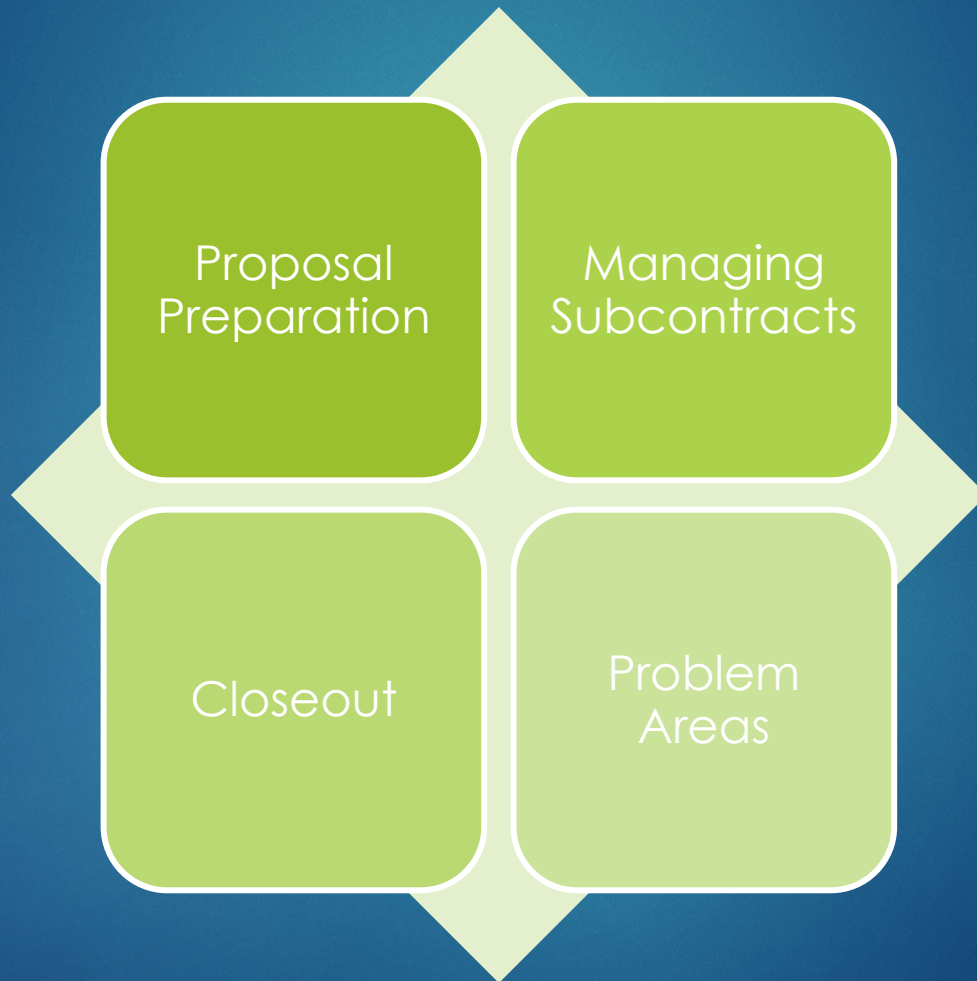
LISA KING

ELECTRICAL AND COMPUTER ENGINEERING

lisa@ece.ucsb.edu



Overview



1. Proposal Preparation

- ▶ Keys:

- ▶ Thorough Request

- ▶ Timeframe to allow for corrections



I look forward to working with you on the upcoming DARPA Submission.

I would like this to be an iterative process so please submit what you can, as early as you can, and I'm happy to answer any questions. I believe that our PI, Galan Moody, has reached out to your PI with a target \$\$ amount for your subcontract.

- We would like to have the proposal ready to submit in Grants.gov on **Friday, December 15** (prior to the December 18 deadline stated in the BAA).
- I will be submitting a full proposal package with all of your subcontract information to my Sponsored Projects Office on **Wednesday, December 6**.
- Please have your signed proposal package to me no later than **Friday, December 1** (the earlier the better so I have time to review and request any changes necessary).

Attached is the BAA (HR001123S0052) "Intensity-Squeezed Photonic Integration for Revolutionary Detectors (INSPIRED)
Our Proposal Title is "Squeezed Integrated Resonator Extraction System (SQUIRES)"

Please use 6/1/24-5/31/27 as the Period of Performance: (Two 18-month periods (Phase 1 Base and Phase 2 Option))

Below is a listing of what I will need by **Friday, December 1**.

1. A Completed and Signed UCSB*Subrecipient Form (attached).
2. An Official Transmittal Letter signed by an Authorized Representative addressed to:
Lisa King, Extramural Funds Manager, ECE Department, University of California, Santa Barbara, CA 93106-9560
3. A Statement of Work unique to your campus
4. Subaward R&R Budget (template attached): Please budget for a kick-off meeting in Month 1 and then travel every 6 months for reviews - see page 29 of the BAA
5. Budget Justification
6. Volume II Cost Proposal Cover Sheet - modified for your submission as a Subcontractor (see page 27-28)
7. Cost Volume Proposer Checklist (attached)
8. Complete Cost information found in Section II on Page 28 and following
9. Bio sketch (see page 42)
10. Current and Pending Support (page 43)
11. A response for COI - SETA, Technical Data Rights, and Patent Sections as detailed in the BAA. Your institution may want to address these in your transmittal letter.

DARPA Specific

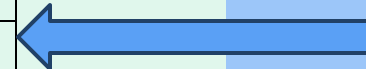
SUBRECIPIENT COMMITMENT FORM – SHORT FORM
Federal Demonstration Partnership (FDP) Expanded Clearinghouse Program

Subrecipients who are part of the [FDP Expanded Clearinghouse Program](#) must complete this form when proposing to participate in a UCSB proposal as a subrecipient. It must be endorsed by the authorized institutional representative prior to proposal submission. A list of participating program organizations can be found at the [FDP Expanded Clearinghouse Program](#) website.

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The Regents of the University of California, Santa Barbara
Sub UEI:		PTE UEI:	G9QBQDH39DF4

Information above must match FDP Expanded Clearinghouse Pilot Entity Profile

Sub Principal Investigator:		PTE Principal Investigator:	
Sub Internal Project Identifier (optional)		PTE Internal Project Identifier (ex. ORBiT #):	



Project Title:			
Prime Awarding Sponsor:		Complete Project Period:	Start: End:
Total Proposed Amount for Complete Project Period:	\$	Cost Sharing Amount for Complete Project Period:	\$

If Cost Sharing, a separate cost share budget and justification should be attached

Project Facilities & Administrative Rates (Check one):

- Federally negotiated F&A rate that matches our FDP Expanded Clearinghouse Pilot Entity Profile.
- Defense Contract Audit Agency (DCAA) approved (attach document).
- 10% de minimus rate (allowable only if subrecipient does not have a federally negotiated rate).
- Other rates as required by the prime sponsor/guidelines.

Project Use Information:

Human Subjects Yes No Animal Subjects Yes No Stem Cell Yes No
 Dual Use Research of Concern (DURC) Yes No Genomic Data Sharing Plan Yes No

NIH International Subrecipient Reporting Requirements (For Non-U.S. Subrecipients ONLY):

Effective January 1, 2024, if the prime sponsor is the U.S. National Institutes of Health (NIH), Subrecipient is aware of the provisions of [NIH GPS 15.2.1](#) requiring that international subrecipients provide access (electronic access permissible) to copies of all lab notebooks, all data, and all documentation associated with the research as described in the progress report to the primary funding recipient and in alignment with progress report submission requirements, but on no less than an annual basis.



Not applicable
 Subrecipient will/ will not comply with this requirement.

If yes, please forward approval(s)/document(s) to UCSB's PI as soon as available these must be provided before any subaward can be issued



Does the Subrecipient or the Subrecipient's PI have an existing relationship with UCSB or UCSB's PI: No Yes, if yes explain: Click here to enter text.

Institutional Authorized Official Information:

Sub Name/Title:		PTE Name/Title:	Daniela Gallardo/Subaward Officer
Sub Phone:		PTE Phone:	(805) 893-7027
Sub Email:		PTE Email:	subawards@research.ucsb.edu

Sub Email for Awards (if different from above):

Sub Place of Performance the same as FDP Expanded Clearinghouse Pilot Entity Profile's (for FFATA reporting purposes): Yes No, if no enter address here: Click here to enter text.

Proposal Documents

The following documents are included in our subaward proposal:

- Sub Statement of Work (Required)
- Sub Budget
- Sub Budget Justification (Required)
- Sub Biosketches (if applicable)
- Cost Sharing Budget and Justification (if applicable):
- Small Business Subcontracting Plan (if applicable):
- Other: Click here to enter text.



MULTIPLE CAMPUS (MCA) COMMITMENT FORM

All UC campuses participating in another UC prime campus' award should submit this form when submitting a proposal to UC Prime Campus. It provides a checklist of required documents and certifications.

PARTIES

Prime Campus

Participating Campus

Campus and REMS Sponsor Code:

Principal Investigator:

PI Department:

PRIME AWARD

Project Title:

Sponsor:

BUDGET AND PERFORMANCE PERIOD

Participating Campus' Performance Period Dates: --

Participating Campus' Total Funds Requested:

SECTION A – Proposal Documents
The following documents are included in our subaward proposal submission and covered by the certifications below: *(check all that apply)*

- Statement of Work (required)
- Budget and Budget Justification (required)
- Other *(specify)*

SECTION B - Certifications
(check or insert all that apply)

1. Facilities and administrative rate and base applied in this proposal is % based on the following:
 Federally negotiated F&A rates for this type of work.
 Other *(specify)*:

- 2. Human Subjects Yes No
- 3. Animal Subjects Yes No
- 4. Stem Cells Yes No
- 5. Recombinant DNA Yes No
- 6. Cost Sharing Yes No

Cost sharing amounts and justification must be included in the Participating Campus budget. Please be advised that an annual verification of cost share commitment will be required.

APPROVED FOR PARTICIPATING CAMPUS:
The information, certifications, and representations above have been read, signed, and made by an authorized official named herein. Participating campus is responsible for following all applicable UC and sponsor policies. Participating campus is prepared to accept any resultant MCA in accordance with UC Policy. Any work begun and/or expenses incurred prior to receipt of a MCA agreement are at the Participating Campus' own risk.

Signature of Participating Campus Authorized Official

Date Signed

1. Proposal Preparation

- ▶ Subcontractors:
 - ▶ New Small Business
 - ▶ For-Profit
 - ▶ NDA
 - ▶ Rates
 - ▶ Fee



Campus Forms for the PI

- ▶ Subrecipient vs. Contractor
- ▶ Grant – Fair and Reasonable Cost Analysis
- ▶ Contract
- ▶ Sole Source

Subrecipient vs. Contractor Determination Sheet

The following checklist should be filled out and analyzed in order to determine whether the agreement between UCSB and the party receiving Federal program funds constitutes a Subrecipient or a contractor. Please complete this form and if determination is that of a Subrecipient please submit this form to the UCSB Sponsored Projects Office at proposal stage (before submission of proposal). If the determination is that of a Contractor, please send this sheet **and the corresponding Scope of Work** to contracts@bfs.ucsb.edu at the same time as you are submitting your proposal to UCSB Sponsored Projects Office.

Subrecipient/Contractor Name: California Institute of Technology
 Research effort title: Squeezed Integrated Resonator Extraction System (SQUIRES)
 Research sponsored by (i.e. federal agency): DARPA
 UCSB PI: Galan Moody
 ORBIT Record No.: 20240746

Check all that apply**Subrecipient:**

- Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the Federal program
- There is an identified principal investigator for the subrecipient who has responsibility for making programmatic decisions
- Work could result in the development of intellectual property
- Is expected to author or co-author publications on the results of its work
- Will need animal and/or human subject approval for its work
- Provides cost sharing or matching funds
- Is responsible for adhering to applicable Federal program requirements specified in the Federal award
- Will use the Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of UCSB

Contractor:

- Will not have any right to the intellectual property related to the research award
- Provides the goods or services purchased with the Federal funds within its normal business operations
- The contractor does not have a stake in, or any decision-making responsibilities with the research
- Provides similar goods or services to many different purchasers
- Performs a series of repetitive tests or activities requiring little or no discretionary judgment
- Normally operates in a competitive environment
- Provides goods or services that are ancillary to the operation of the Federal program

All of the characteristics listed above might not be present in all cases. Therefore, judgment must be used in classifying the agreement as either a subaward or a contract. In determining whether the agreement is a subaward or a contract, the substance of the relationship is more important than the form or name of the agreement.

Please note Subawards cannot be made to individuals. If the scope of work *is research*, see if the individual can provide the research through their home institution. If not, the scope of work will need to be modified to fit a procurement transaction.

Based on your analysis of the above checklist results, the organization is determined to be a: Subrecipient or Contractor

DocuSigned by:

Galan Moody12/11/2023

Principal Investigator Signature

Date

If you have questions, contact your Sponsored Projects Team or Procurement Services.

**GRANT/COOPERATIVE AGREEMENT: FAIR & REASONABLE COST ANALYSIS
SUBAWARDS UNDER GRANTS – SK FORM 800 PART A-1**

When proposing a subaward for a sponsored research project to be funded under a **grant or cooperative agreement**, UCSB policy requires a cost/price analysis and related information. Please comply with these requirements by completing the following and submitting it to the UCSB Sponsored Projects Office at proposal stage (before submission of proposal):

Background/Purpose

Subaward proposed to: California Institute of Technology
 Research effort title: Squeezed Integrated Resonator Extraction System (SQUIRES)
 Research sponsored by (i.e. federal agency): DARPA
 UCSB PI is: Galan Moody
 ORBIT Record No.: 20240746
 Proposed subaward total amount: \$ 1,589,318
 Subaward period of performance: From: 06/01/2024 To: 05/31/2027

Subrecipient entity was selected based upon its fiscal responsibility, potential ability to perform the subaward successfully, technical expertise, and accessibility to technical and other necessary resources.

When Was Subrecipient Selected? (check the appropriate box)

- Subrecipient's proposal is included in UCSB's proposal package and will be evaluated by the prime sponsor along with UCSB as part of the overall selection process conducted pursuant to the sponsor's guidelines. At that time, the technical aspects of the subrecipient's proposal are and expected to be acceptable to the sponsor, and therefore, this subrecipient is the logical choice for this award.
- This subrecipient was not included in UCSB's proposal package. (Prepare the Sole Source Justification UCSB/OR SK Form 200 and submit it to the Sponsored Projects Office.)

Cost/Price Reasonableness

- All costs proposed by subrecipient under this subaward were reviewed and approved by the UCSB principal investigator as reasonable and necessary for the proposed scope of work.
- Items to be reviewed when applicable include the following:
- Salaries, type of personnel, and level of effort have been reviewed and appear reasonable for the proposed scope of work.
 - Specific equipment items and/or supplies are separately listed and are appropriately based on standard or catalog prices, or vendor quotes.
 - The travel appears to be necessary, and trips are priced separately and correctly, based on both technical review and review of published air fares, hotel rates and per diem rates.
 - All other significant costs are separately itemized and are reasonable.

Conflict of Interest

UCSB Principal Investigator certifies that the Project Director/Principal Investigator, Co-Principal Investigators and any person identified as a Senior or Key personnel, and others who direct or can materially influence the research or who are responsible for the design, conduct, and reporting of such research Does / Does Not have a financial interest of any kind in the proposed Subrecipient. If the Principal Investigator does have a financial interest, The Statement of Economic Interest for Principal Investigators', (700u) in O.R.'s Conflict of Interest Electronic Disclosure System must be completed.

PI Verification

All costs proposed by the Subrecipient under this Subaward were reviewed and the costs proposed are found to be allowable, allocable, and reasonable for the proposed Statement of Work and are approved by the undersigned UCSB Principal Investigator.

Galan Moody

Printed Name

DocuSigned by:

Galan Moody

Signature

12/11/2023

Date

PLEASE FORWARD THIS COMPLETED FORM WITH BACKUP DOCUMENTATION TO SPONSORED PROJECTS SUBAWARD TEAM.

**CONTRACT: FAIR & REASONABLE COST ANALYSIS
SUBAWARDS UNDER CONTRACTS – SK FORM 800 PART A-2**

When proposing a subaward for a sponsored research project to be funded under a **contract**, UCSB policy requires that a cost/price analysis be performed. Please comply with this requirement by completing the following and submitting it along with documentation to the UCSB Sponsored Projects Office at proposal stage. **UCSB/OR SK Form 200 – Sole Source Justification must be submitted with this form.**

Background/Purpose

Subaward proposed to: _____
Research effort title: _____
Research sponsored by (i.e. federal agency): _____
UCSB PI is: _____
ORBiT Record No.: _____
Proposed subaward total amount: \$ _____
Subaward period of performance: From: _____ To: _____

Acceptance of Costs: Cost/Price Reasonableness

All costs proposed by subrecipient under this subaward were reviewed and approved by the UCSB PI as evidenced by the Cost/Price Reasonableness Checklist below.

If the listed item of cost is included in the subrecipient's budget, the UCSB PI must complete the cost/price verification and/or analysis. Please check the appropriate responses. If PI has any additional comments to the questions below, please provide remarks in the comments section below. **Documentation must be provided to show how each response was derived for each applicable area.**

- Personnel:** Are the rates generally in line with standard rates for this industry?
 Yes
 No
 N/A
- Personnel (Salary/Wage Rates):** Has the subrecipient provided the basis for salary/wage costs? (for example, may include copies of payroll forms or reports)
 Yes
 No
 N/A
- Standard Equipment and Supply Items:** Are items of equipment or type of supplies based on standard or catalog prices?
 Yes

No

N/A

4. **Travel:** *Does the travel appear to be necessary?*

Yes

No

N/A

5. **Travel:** *Are the trips separately itemized and priced correctly?*

Yes

No

N/A

6. **Other Costs:** *Are all other costs separately itemized and priced correctly?*

Yes

No

N/A

SECTION D— Comments *(please attach additional pages if necessary)*

Conflict of Interest

UCSB Principal Investigator certifies that the Project Director/Principal Investigator, Co-Principal Investigators and any person identified as a Senior or Key personnel, and others who direct or can materially influence the research or who are responsible for the design, conduct, and reporting of such research Does / Does Not have a financial interest of any kind in the proposed Subrecipient. If the Principal Investigator does have a financial interest, The Statement of Economic Interest for Principal Investigators', (700u) in O.R.'s Conflict of Interest Electronic Disclosure System must be completed.

PI Verification

All costs proposed by the Subrecipient under this Subaward were reviewed and the costs proposed are found to be allowable, allocable, and reasonable for the proposed Statement of Work and are approved by the undersigned UCSB Principal Investigator.

Printed Name

Signature

Date

PLEASE FORWARD THIS COMPLETED FORM WITH BACKUP DOCUMENTATION TO THE SPONSORED PROJECTS SUBAWARD TEAM.

SOLE SOURCE JUSTIFICATION

COMPLETION OF THIS FORM IS *WAIVED* IF SUBAWARD IS UNDER A GRANT OR COOPERATIVE AGREEMENT **AND** HAS BEEN APPROVED BY SPONSOR. COMPLETION OF THIS FORM IS *MANDATORY* IF SUBAWARD HAS NOT BEEN APPROVED BY SPONSOR OR IS UNDER A CONTRACT.

Date: _____

Principal Investigator: _____

PI Department: _____

I anticipate that a subaward will be issued to perform a portion of the Statement of Work for the following:

ORBiT Record No.: _____

Sponsor: _____

I request that _____ be named as subrecipient under this grant/contract.

(COMPANY/BUSINESS NAME)

1. What are the unique features or skills that are required and why are these particular features or skills necessary?

2. Why is the proposed subrecipient unique?

3. Which other subrecipient(s) were considered?

4. The reasons (other than cost) that this subrecipient was selected over others are as follows:

Signature below indicates my certification that in procurements other than full and open competition, in accordance with federal and university policy, neither I, nor any relative of mine, will benefit financially from this subaward.

Signed: _____
PI NAME AND TITLE DATE

My Desktop > Prepare and Submit Proposals > In Progress: Proposals (Full and Renewals) > Proposal - 179934 > Budget(s)

Budget(s)

[Manage Personnel and Subaward Organizations](#)

Prime Organization			
Budget for:	Principal Investigator	Total Requested Amount \$	Compliance Status [Key]
University of California-Santa Barbara	Jon Schuller	\$0	Form not checked

Subaward Organization(s)

Budget for:	Subaward Requested Amount	Compliance Status [Key]
There are currently no Subaward Organizations. You may add a Subaward Organization from Manage Personnel and Subaward Organizations		

Required

- Cover Sheet
- Project Summary
- Project Description
- References Cited
- Budget(s)**
- Budget Justification(s)
- Facilities, Equipment and Other Resources
- Senior Personnel Documents
- Data Management Plan

Organization Name	Unique Entity Identifier (UEI)	Principal Investigator	Address	Actions
University of California-Santa Barbara View SAM Legal Business Name	G9QBQDH39DF4	Jon Schuller	3227 CHEADLE HALL SANTA BARBARA, CA 93106-0001 US	Manage Personnel

Subaward Organization(s) [Add Subaward Organization](#)

Organization Name	Unique Entity Identifier (UEI)	Address	Actions
No Subaward Organizations have been added. Once an organization is added, the personnel for this organization can be specified.			

Organization Name

OR

Unique Entity Identifier (UEI) [What is a UEI?](#)**Search**

Showing 1-6 of 6

Select	Organization Name	Unique Entity Identifier (UEI)	Address
<input type="radio"/>	California Institute of Integral Studies View SAM Legal Business Name	KYPYLWWACG79	1453 MISSION ST SAN FRANCISCO, CA 94103-2557 US
<input checked="" type="radio"/>	California Institute of Technology View SAM Legal Business Name	U2JMKHNS5TG4	1200 E CALIFORNIA BLVD PASADENA, CA 91125-0001 US
<input type="radio"/>	California Institute of the Arts View SAM Legal Business Name	KQ3ULU8FP5V7	24700 MCBEAN PKWY VALENCIA, CA 91355-2340 US
<input type="radio"/>	Northern California Institute for Research and Education View SAM Legal Business Name	NJZEFMRACCH9	4150 CLEMENT ST # 151 SAN FRANCISCO, CA 94121-1563 US
<input type="radio"/>	Southern California Institute for Research and Education View SAM Legal Business Name	P7W2EDN59RL9	5901 E 7TH ST LONG BEACH, CA 90822-5201 US
<input type="radio"/>	Southern California Institute of Architecture View SAM Legal Business Name	KJKKQ7LERLN1	960 E 3RD ST LOS ANGELES, CA 90013-1822 US

Hide Menu

Proposal - 179934

Check Error(s) and Warning(s)

Manage Personnel and Subaward Organizations

Required

Cover Sheet

Project Summary

Project Description

References Cited

Budget(s)

Budget Justification(s)

Facilities, Equipment and Other Resources

Senior Personnel Documents

My Desktop > Prepare and Submit Proposals > In Progress: Proposals (Full and Renewals) > Proposal - 179934 > Budget(s)

Budget(s)

Manage Personnel and Subaward Organizations

Prime Organization

Budget for:	Principal Investigator	Total Requested Amount	Compliance Status [Key]
University of California-Santa Barbara	Jon Schuller	\$0	Form not checked

Subaward Organization(s)

Budget for:	Subaward Requested Amount	Compliance Status [Key]
California Institute of Technology	\$0	Form not checked

SF424 RR
1
2

Project Abstract
1

RR Performance Sites
1

RR Other Project Information
1

RR Key Persons
1

Key Contacts
1

RR Personal Data
1
2
3
4
5

RR Budget
1
2
3
4

RR Subaward Budget Attachme

Attachments
1

ELEGMoody20240746

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Subaward IDC Ceiling: 25,000

Period	In-active	Subaward Direct Costs	Subaward Indirect Costs	Subaward Costs	Allocated to IDC base
+ University of Virginia Error(0) / Warning(5)					
Total		732,998	260,845	993,843	25,000
+ Nexus Error(1) / Warning(0)					
Total		3,137,801		3,137,801	25,000
+ Caltech Error(0) / Warning(5)					
Total		1,223,863	365,455	1,589,318	25,000
+ Subaward_RR_Budget_MIT_GFY Error(0) / Warning(7)					
Total		1,038,255	353,551	1,391,806	25,000
+ All Subawards					
Total		6,132,917	979,851	7,112,768	100,000

Subaward also includes Performance Site and Key Persons

2. Managing the Subaward

- ▶ GUS Liens and Control Number
 - ▶ One Lien for first \$25,000 with 7305 Object Code
 - ▶ Balance create a Lien with 7300 Object Code

Reset Outstanding Liens Ignore Personnel Liens ?

Control Number Date Entered = 00/00/00 Expense = Clear Search

Date ^	Proj	Sub	Type	Obj	Control Num	Dept	Description	Vendor	Allocation	Lien	Expense	Sales Tax	Use Tax	Shipping	GL Date	C	R
12/13/23	CACSA1	7	SUBO	7305	KK2450		Sub lien	LUCIDEAN	0.00	25,000.00	0.00	0.00	0.00	0.00		<input type="checkbox"/>	<input type="checkbox"/>
12/13/23	CACSA1	7	SUB	7300	KK2450		Sub lien	LUCIDEAN	0.00	1,098,204.00	0.00	0.00	0.00	0.00		<input type="checkbox"/>	<input type="checkbox"/>

- ▶ Consider a Separate Project for tracking the Subcontracts

Managing The Subaward

- ▶ Invoices are sent (via e-mail) to Dept Contact
- ▶ Departmental Review and PI Review
 - ▶ PI approval retained in the Dept – Subaward Cert.
 - ▶ Dept ... “Approved for Payment” with Account String
 - ▶ Send invoice to subawards@bfs.ucsb.edu

Subaward Invoice Payment Checklist

Subaward No.: _____

UCSB PI: _____

Interim Invoices	Final Invoices
<p>_____ Date Stamp the Invoice</p> <p>Verify that the following is correct on the invoice:</p> <p>_____ Name and Remittance Address of Subrecipient</p> <p>_____ Subaward Number</p> <p>_____ Current Period of Performance (POP)</p> <p>_____ Cumulative POP</p> <p>_____ Detail of Costs Adequate</p> <p>_____ Amounts</p> <p>_____ Cumulative Amounts</p> <p>_____ Account and Fund Number</p> <p>_____ Wire transfer form (if applicable)</p> <p>_____ Principal Investigator's Certification</p> <p>_____ Department Approval</p> <p>_____ Send to Accounting</p> <p>_____ Certification from Subrecipient in accordance with 2 CFR 200.415 (a) (if subaward under the Uniform Guidance (12.26.2014))</p>	<p>_____ Date Stamp the Invoice</p> <p>Verify that the following is correct on the invoice:</p> <p>_____ States "Final"</p> <p>_____ Name and Remittance Address of Subrecipient</p> <p>_____ Subaward Number</p> <p>_____ Current Period of Performance (POP)</p> <p>_____ Cumulative POP</p> <p>_____ Detail of Costs Adequate</p> <p>_____ Amounts</p> <p>_____ Cumulative Amounts</p> <p>_____ Account and Fund number</p> <p>_____ Certification from Subrecipient in accordance with 2 CFR 200.415 (a) (if subawards under the Uniform Guidance (12.26.2014))</p> <p>_____ Subaward Close-out Certification Form</p> <p>_____ All appropriate boxes are checked*</p> <p>_____ All appropriate reports are included*</p> <p>_____ Principal Investigator's Signature</p> <p>_____ Department Approval</p> <p>_____ Send to Sponsored Projects Office Attn: Subaward Officer</p> <p> </p> <p>*The reports that are due are based on the subaward agreement. If a box for a report was not checked please make note for the reason why (for example, a final equipment report was required but no equipment was purchased).</p>

Standard Form 1035(EG)
September 1973
4 Treasury FRM 2000
1035-110

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL
CONTINUATION SHEET**

Voucher No.
3013508550 - 00000023
SCHEDULE NO.
3013508550
SHEET NO.
2 of 2

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT
The Regents of the University of CA 3227 Cheadle Hall Santa Barbara California 93106-2050

Sold-To 6100211806

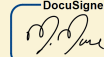
Contractor:	Intel Federal LLC	Contract No	:	KK2126
	4100 Monument Corner Drive	Start Date: 30-SEP-2020	:	End Date: 31-MAY-2023
	Fairfax Virginia 22030	Total Contract Amt	:	2,643,783.80
	United States	Estimated Cost	:	2,643,783.80
		Estimated Fee	:	0.00
		85% Fixed Fee	:	0.00
		Performance Thru	:	29-APR-2023

CLIN No: 0001 Cost Funding: 2,643,783.80 Fee Funding: 0.00 85% Fixed Fee: 0.00

ACRN funding not active for this contract.

	Rate	Current Quantity Hours Billed	Current Amount Billed	Previous Amount Billed	Cumulative Amount Billed
- OTHERDIRECTCOST			0.00	32.76	32.76
- TRAVEL			0.00	71.60	71.60
- INTELSUBLABOR		21.000	2,843.90	1,530,581.38	1,533,425.28
- FEDERALLABOR		207.250	16,839.19	970,152.39	986,991.58
Total Direct Costs		228.250	19,683.09	2,500,838.13	2,520,521.22
Total Overhead Cost			19,410.80	1,189,656.56	1,209,067.36
Total Cost Incurred			39,093.89	3,690,494.69	3,729,588.58
- CostShare/Limits			-18,374.13	-1,734,532.50	-1,752,906.63
- Cost/LaborRetention			0.00	0.00	0.00
- CostInExcessFund			0.00	0.00	0.00
Total Cost Billed			20,719.76	1,955,962.19	1,976,681.95
- FixedFee			0.00	0.00	0.00
- IncentiveFee			0.00	0.00	0.00
- AwardFee			0.00	0.00	0.00
- Incentive Adj. to FF			0.00	0.00	0.00
Total Fee			0.00	0.00	0.00
- FixedFeeWithhold			0.00	0.00	0.00
Total Cost Inc. Fee			20,719.76	1,955,962.19	1,976,681.95
- BottomRetention			0.00	0.00	0.00
Invoice Amount			20,719.76	1,955,962.19	1,976,681.95

DocuSigned by:



5/18/2023

C326CBBC08084AE...

Mike Moore

Approved for Payment
ECE Department
8-442530-22757-7-7300
CACSA1
KK2126-14034



NEW YORK UNIVERSITY
 SPONSORED PROGRAMS ADMINISTRATION
 105 E. 17th Street
 NEW YORK, NEW YORK 10003
 EMAIL: SPA.Team.1@nyu.edu
 CONTACT: Aline Alcindor

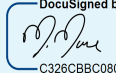
Lisa King Electrical & Computer Engineering University of California Santa Barbara, CA, 93106 lisa@ece.ucsb.edu	Invoice #: S0283-46 Date: 5/11/2023 Award/Contract #KK1839 Mod 04 Award/Contract A\$1,522,501.00 Award Period: 1/1/2018 - 12/31/2022 NYU PI: Rangan,Sundeep NYU Project ID #25-63212-S0283 PO#
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PLEASE SUBMIT REMITTANCE MADE PAYABLE TO:
NEW YORK UNIVERSITY , SPONSORED PROGRAMS ADMINISTRATION
P.O. BOX 5166, NEW YORK, NEW YORK, 10087

Payments can also be made by wire, ACH or EFT.

*****PLEASE INCLUDE THE INVOICE # S0283 ON THE CHECK OR CHECK STUB*****

BILLING PERIOD: December 1, 2022 TO March 31, 2023

DocuSigned by:
 5/19/2023
 C326CBB08084E...
 Mike Moore Approved for Payment
 ECE Department
 8-442530-59684-7-7300
 FCMRA1
 KK1839-14046

EXPENDITURES	EXPENSES FOR CURRENT PERIOD	CUMULATIVE EXPENSES FROM INCEPTION	AMOUNT ADDED TO MATCHING COSTS FOR CURRENT PERIOD	TOTAL MATCHING COSTS
Salary - Direct Labor	\$3,875.24	\$450,944.26	4,391.94	126,140.99
Salary - Graduate Student	\$9,533.00	\$343,182.00	3,333.00	102,358.80
Fringe Benefits	\$6,063.16	\$309,996.27	1,361.50	35,373.73
Tuition	\$0.00	\$5,427.00	-	50,185.43
Travel	\$0.00	\$10,114.37	-	\$0.00
M&S	\$0.00	\$11,578.94	-	\$0.00
Student Stipend	\$0.00	\$0.00	13,332.00	135,265.00
Computer Hardware	\$0.00	\$9,387.89	-	\$0.00
Computer Software	-\$3,919.50	\$0.00	-	\$0.00
Lab Equipment Over Cap	\$0.00	\$9,014.66	-	\$0.00
Dinner and Meetings	\$0.00	\$0.00	-	\$1,710.04
Indirect Cost	\$4,115.68	\$369,669.64	-	95,035.43
TOTAL COSTS THIS PERIOD	\$19,667.58	\$1,519,315.03	\$22,418.44	\$ 546,069.42
Payment received				\$1,525,880.65

"I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise." (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Aline Alcindor
 Aline Alcindor, Financial Analyst

5/11/2023
 Date

Managing The Subaward

- ▶ MCA Awards
 - ▶ Spend rate ...
 - ▶ Contact: Heather Schonenbach in EMF Accounting

Managing The Subaward

- ▶ Administrative Issues:
 - ▶ Prior Approvals and NCEs
 - ▶ Facilitate representing the Subaward's needs to the Prime Agency

3. Closeout

- ▶ Check spend rate at least 60-90 days prior to the period end date.
- ▶ Deobligation of unused funds – work with SPO
- ▶ Follow up to request the Sub's reports and Final Invoice (start before the project end date).
- ▶ DD882 Patent Form, Final Property Report, Final Technical Report

SUBAWARD CLOSE-OUT CERTIFICATION

Subaward Number: _____

UCSB PI Name: _____

Subrecipient's (check all that apply):

- Final Technical Report has been submitted and is acceptable.
- Final Financial Report has been submitted and is acceptable.
- Final Property Report is attached. If the Subaward indicates that title to Subrecipient property vests in UC, does the PI now wish title to the property to be transferred to the Subrecipient? Yes No Please explain "No" below.
- Final Report of Inventions is attached (Note: If the prime award is from DoD, then Subrecipient must submit this report on Form DD882.)
- Other Deliverables have been submitted and are acceptable. Please list below.
- Final Invoice is attached.

Comments:

The Regents of the University of California, Santa Barbara campus, have made a subaward (the Subaward) to [Name of Subrecipient institution] (the Subrecipient) as part of the performance of [Award Title/award number]. As the principal investigator for [Award Title/award number], I have monitored the activities of the Subrecipient that were funded by the Subaward, and I have reviewed all financial and programmatic reports (if any) that were submitted to me by the Subrecipient for this Subaward.

I certify that all of the Subrecipient's activities that were funded by the Subaward were carried out for authorized purposes, as defined by the terms and conditions of the Subaward. I further certify that the Subrecipient has carried out all required work toward achieving the Subaward's performance goals, as specified in the Subrecipient's statement of work. To the best of my knowledge, the costs included on the attached invoice are reasonable and appropriate for the work performed.

Signature of Principal Investigator

Date

REPORT OF INVENTIONS AND SUBCONTRACTS
(Pursuant to "Patent Rights" Contract Clause) (See Instructions on back)

*Form Approved
 OMB No. 9000-0095
 Expires February 28, 2026*

The public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (9000-0095). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE CONTRACTING OFFICER.

1.a. NAME OF CONTRACTOR/SUBCONTRACTOR University of California, Santa Barbara	c. CONTRACT NUMBER FA945123PA041SUB	2.a. NAME OF GOVERNMENT PRIME CONTRACTOR NEXUS PHOTONICS INC	c. CONTRACT NUMBER FA945123PA041	3. TYPE OF REPORT (X one) <input type="checkbox"/> a. INTERIM <input checked="" type="checkbox"/> b. FINAL
b. ADDRESS (Include ZIP Code) 3227 Cheadle Hall, Office of Research University of California Santa Barbara, Santa Barbara, CA 93106-2050	d. AWARD DATE (YYYYMMDD) 20230503	b. ADDRESS (Include ZIP Code) 6500 HOLLISTER AVE, STE 140, GOLETA, CA 93117	d. AWARD DATE (YYYYMMDD) 20230304	4. REPORTING PERIOD (YYYYMMDD) a. FROM 20230503 b. TO 20240201

SECTION I - SUBJECT INVENTIONS

5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)

NAME(S) OF INVENTOR(S) <i>(Last, First, Middle Initial)</i> a.	TITLE OF INVENTION(S) b.	DISCLOSURE NUMBER, PATENT APPLICATION SERIAL NUMBER OR PATENT NUMBER c.	ELECTION TO FILE PATENT APPLICATIONS (X) d.				CONFIRMATORY INSTRUMENT OR ASSIGNMENT FORWARDED TO CONTRACTING OFFICER (X) e.	
			(1) UNITED STATES		(2) FOREIGN		(a) YES	(b) NO
			(a) YES	(b) NO	(a) YES	(b) NO		
NONE	NONE	NONE						

f. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR		g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED	
(1) (a) NAME OF INVENTOR (Last, First, Middle Initial)	(2) (a) NAME OF INVENTOR (Last, First, Middle Initial)	(1) TITLE OF INVENTION	(2) FOREIGN COUNTRIES OF PATENT APPLICATION
(b) NAME OF EMPLOYER	(b) NAME OF EMPLOYER		
(c) ADDRESS OF EMPLOYER (Include ZIP Code)	(c) ADDRESS OF EMPLOYER (Include ZIP Code)		

SECTION II - SUBCONTRACTS (Containing a "Patent Rights" clause)

6. SUBCONTRACTS AWARDED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)

NAME OF SUBCONTRACTOR(S) a.	ADDRESS (Include ZIP Code) b.	SUBCONTRACT NUMBER(S) c.	FAR "PATENT RIGHTS" d.		DESCRIPTION OF WORK TO BE PERFORMED UNDER SUBCONTRACT(S) e.	SUBCONTRACT DATES (YYYYMMDD) f.	
			(1) CLAUSE NUMBER	(2) DATE (YYYYMM)		(1) AWARD	(2) ESTIMATED COMPLETION

SECTION III - CERTIFICATION

7. CERTIFICATION OF REPORT BY CONTRACTOR/SUBCONTRACTOR (Not required if: (X as appropriate)) SMALL BUSINESS or NONPROFIT ORGANIZATION

I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that such procedures have been followed and that all "Subject Inventions" have been reported.

a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR OFFICIAL (Last, First, Middle Initial)	b. TITLE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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4. When Problems Arise

- ▶ Spending rate is low
- ▶ PI is not satisfied with performance
- ▶ Close out information is not provided in a timely manner
- ▶ Contact your SPO Team !!