Department Perspective

LISA KING
ELECTRICAL AND COMPUTER ENGINEERING
lisa@ece.ucsb.edu
Overview

Proposal Preparation
Managing Subcontracts
Closeout
Problem Areas
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.
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.

| Information above must match FDP Expanded Clearinghouse Pilot Entity Profile |

| Subrecipient (Sub) Legal Name: | Pass-Through Entity (PTE) Legal Name: | The Regents of the University of California, Santa Barbara |
| Sub UEI: | PTE UEI: | GPQBQDH39DF4 |

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.
☐ 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

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

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.

This proposal has been reviewed and approved by the authorized institutional representative of Subrecipient, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency’s policies, agree to accept the obligation to comply with award terms, conditions and certifications, and are prepared to establish the necessary institutional agreement consistent with that policy.

Signature of Subrecipient’s Authorized Official Date

Name and Title of Authorized Official
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.

<table>
<thead>
<tr>
<th>PARTIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime Campus</td>
<td>Participating Campus</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>1. Facilities and administrative rate and base applied in this proposal is</th>
<th>% based on the following:</th>
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</thead>
<tbody>
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<td>[ ] Federally negotiated F&amp;A rates for this type of work.</td>
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<tr>
<td>[ ] Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Human Subjects</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
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<tr>
<td>3. Animal Subjects</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Stem Cells</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Recombinant DNA</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Cost Sharing</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**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
ORB1T Record No.: 20204746

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

Principal Investigator Signature: Galan Moody
Date: 12/11/2023

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: 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 UCSBF/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 approved by the undersigned UCSB Principal Investigator.

Galan Moody

Printed Name

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.

1. **Personnel**: Are the rates generally in line with standard rates for this industry?
   - Yes
   - No
   - N/A

2. **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

3. **Standard Equipment and Supply Items**: Are items of equipment or type of supplies based on standard or catalog prices?
   - Yes
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.

Updated 11/2014
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
### Budget(s)

#### Prime Organization

<table>
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<tr>
<th>Budget for</th>
<th>Principal Investigator</th>
<th>Total Requested Amount</th>
<th>Compliance Status [Key]</th>
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<tbody>
<tr>
<td>University of California-Santa Barbara</td>
<td>Jon Schuller</td>
<td>$0</td>
<td>Form not checked</td>
</tr>
</tbody>
</table>

#### Subaward Organization(s)

There are currently no Subaward Organizations. You may add a Subaward Organization from Manage Personnel and Subaward Organizations.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Unique Entity Identifier (UEI)</th>
<th>Principal Investigator</th>
<th>Address</th>
<th>Actions</th>
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<tbody>
<tr>
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<td>G9QBDQH39DF4</td>
<td>Jon Schuller</td>
<td>3227 CHEADLE HALL SANTA BARBARA, CA 93106-0001 US</td>
<td>Manage Personnel</td>
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</tbody>
</table>

<table>
<thead>
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<tbody>
<tr>
<td>Organization Name</td>
<td>Unique Entity Identifier (UEI)</td>
<td>Address</td>
<td>Actions</td>
<td></td>
</tr>
<tr>
<td>No Subaward Organizations have been added. Once an organization is added, the personnel for this organization can be specified.</td>
<td></td>
<td></td>
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<tr>
<td>Select</td>
<td>Organization Name</td>
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<tr>
<td></td>
<td>California Institute of Integral Studies</td>
<td>KYPYLWWACG79</td>
<td>1453 MISSION ST SAN FRANCISCO, CA 94103-2557 US</td>
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<tr>
<td></td>
<td>California Institute of Technology</td>
<td>U2JKMHN6S5TG4</td>
<td>1200 E CALIFORNIA BLVD PASADENA, CA 91125-0001 US</td>
<td></td>
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<tr>
<td></td>
<td>California Institute of the Arts</td>
<td>KQ3ULU8FP5V7</td>
<td>24700 MCBEAN PKWY VALENCIA, CA 91355-2340 US</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northern California Institute for Research and Education</td>
<td>NJZEFMRACCH9</td>
<td>4150 CLEMENT ST # 151 SAN FRANCISCO, CA 94121-1583 US</td>
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<tr>
<td></td>
<td>Southern California Institute for Research and Education</td>
<td>F7W2EDN89RL9</td>
<td>5901 E 7TH ST LONG BEACH, CA 90822-5201 US</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Southern California Institute of Architecture</td>
<td>KJJKQ7LERLN1</td>
<td>960 E 3RD ST LOS ANGELES, CA 90013-1822 US</td>
<td></td>
</tr>
</tbody>
</table>
### Prime Organization

| University of California-Santa Barbara | Jon Schuller | $0 | Form not checked |

### Subaward Organization(s)

<table>
<thead>
<tr>
<th>California Institute of Technology</th>
<th>Subaward Requested Amount</th>
<th>Compliance Status [Key]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>Form not checked</td>
</tr>
</tbody>
</table>
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

- 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

- Date Stamp the Invoice
- Verify that the following is correct on the invoice:
  - Name and Remittance Address of Subrecipient
  - Subaward Number
  - Current Period of Performance (POP)
  - Cumulative POP
  - Detail of Costs Adequate
  - Amounts
  - Cumulative Amounts
  - Account and Fund Number
  - Wire transfer form (if applicable)
  - Principal Investigator’s Certification
  - Department Approval
  - Send to Accounting
  - Certification from Subrecipient in accordance with 2 CFR 200.415 (a) (if subaward under the Uniform Guidance (12.26.2014))

#### Final Invoices

- Date Stamp the Invoice
- Verify that the following is correct on the invoice:
  - States “Final”
  - Name and Remittance Address of Subrecipient
  - Subaward Number
  - Current Period of Performance (POP)
  - Cumulative POP
  - Detail of Costs Adequate
  - Amounts
  - Cumulative Amounts
  - Account and Fund number
  - Certification from Subrecipient in accordance with 2 CFR 200.415 (a) (if subawards under the Uniform Guidance (12.26.2014))
  - Subaward Close-out Certification Form
  - All appropriate boxes are checked*
  - All appropriate reports are included*
  - Principal Investigator’s Signature
  - Department Approval
  - Send to Sponsored Projects Office Attn: Subaward Officer

*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).
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**CONTINUATION SHEET**

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

Sold-To 6100211806

<table>
<thead>
<tr>
<th>Contractor:</th>
<th>Intel Federal LLC</th>
<th>Contract No:</th>
<th>KK2126</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>4100 Monument Corner Drive</td>
<td>Start Date:</td>
<td>30-SEP-2020</td>
</tr>
<tr>
<td></td>
<td>Fairfax Virginia 22030</td>
<td>End Date:</td>
<td>31-MAY-2023</td>
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<tr>
<td></td>
<td>United States</td>
<td>Estimated Cost:</td>
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<tr>
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<td>Estimated Fee:</td>
<td>0.00</td>
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<tr>
<td></td>
<td></td>
<td>85% Fixed Fee:</td>
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<td>Performance Thru:</td>
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**Voucher No:** 3013508550 - 00000023  
**SCHEDULE NO:** 3013508550  
**SHEET NO.:** 2 of 2

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

**ACRN funding not active for this contract.**

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<tr>
<td>Total Direct Costs</td>
<td>228.250</td>
<td>19,683.09</td>
<td>2,500,838.13</td>
<td>2,520,521.22</td>
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<tr>
<td>Total Overhead Cost</td>
<td>19,410.80</td>
<td>1,189,656.56</td>
<td>1,209,067.36</td>
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<tr>
<td>Total Cost Incurred</td>
<td>39,093.89</td>
<td>3,690,494.69</td>
<td>3,729,588.58</td>
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<tr>
<td>CostShare/Limits</td>
<td>-18,374.13</td>
<td>-1,734,532.50</td>
<td>-1,752,906.63</td>
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<td>Cost/LaborRetention</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
<tr>
<td>CostInExcessFund</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Total Cost Billed</td>
<td>20,719.76</td>
<td>1,955,962.19</td>
<td>1,976,681.95</td>
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</tr>
<tr>
<td>FixedFee</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>IncentiveFee</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
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<tr>
<td>AwardFee</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentive Adj. to FF</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fee</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FixedFeeWithhold</td>
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<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost Inc. Fee</td>
<td>20,719.76</td>
<td>1,955,962.19</td>
<td>1,976,681.95</td>
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<td></td>
</tr>
<tr>
<td>BottomRetention</td>
<td>0.00</td>
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</tr>
<tr>
<td>Invoice Amount</td>
<td>20,719.76</td>
<td>1,955,962.19</td>
<td>1,976,681.95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Approved for Payment**  
Mike Moore  
ECE Department  
8-442530-22757-7-7300  
CACSAI  
KK2126-14034  
5/18/2023
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 #: $51,522,501.00
Award Period: 1/1/2018 - 12/31/2022
NYU PI: Rangan, Sundeep
NYU Project ID #: 125-63212-S0283
PO#

**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

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

"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)
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).
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)

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.

<table>
<thead>
<tr>
<th>1.a. NAME OF CONTRACTOR/SUBCONTRACTOR</th>
<th>c. CONTRACT NUMBER</th>
<th>2.a. NAME OF GOVERNMENT PRIME CONTRACTOR</th>
<th>c. CONTRACT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of California, Santa Barbara</td>
<td>FA945123PA041SUB</td>
<td>NEXUS PHOTONICS INC</td>
<td>FA945123PA041</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. ADDRESS (Include ZIP Code)</th>
<th>3. TYPE OF REPORT (X one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3227 Cheadle Hall, Office of Research University of California Santa Barbara, Santa Barbara, CA 93106-2050</td>
<td>a. INTERIM  x. FINAL</td>
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<table>
<thead>
<tr>
<th>d. AWARD DATE (YYYYMMDD)</th>
<th>4. REPORTING PERIOD (YYYYMMDD)</th>
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<tr>
<td>20230503</td>
<td>a. FROM 20230503</td>
</tr>
<tr>
<td></td>
<td>b. TO 20240201</td>
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</tbody>
</table>

**SECTION I - SUBJECT INVENTIONS**

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

<table>
<thead>
<tr>
<th>NAME(S) OF INVENTOR(S) (Last, First, Middle Initial)</th>
<th>TITLE OF INVENTION(S)</th>
<th>DISCLOSURE NUMBER, PATENT APPLICATION SERIAL NUMBER OR PATENT NUMBER</th>
<th>ELECTION TO FILE PATENT APPLICATIONS (X)</th>
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<tbody>
<tr>
<td>a. NONE</td>
<td>b. NONE</td>
<td>c. NONE</td>
<td>d.</td>
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6. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR

<table>
<thead>
<tr>
<th>(1) (a) NAME OF INVENTOR (Last, First, Middle Initial)</th>
<th>(2) (a) NAME OF INVENTOR (Last, First, Middle Initial)</th>
<th>(1) TITLE OF INVENTION</th>
<th>(2) FOREIGN COUNTRIES OF PATENT APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) NAME OF EMPLOYER</td>
<td>(b) NAME OF EMPLOYER</td>
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<td></td>
</tr>
<tr>
<td>(c) ADDRESS OF EMPLOYER (Include ZIP Code)</td>
<td>(c) ADDRESS OF EMPLOYER (Include ZIP Code)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED</th>
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<tbody>
<tr>
<td>(1) TITLE OF INVENTION</td>
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**SECTION II - SUBCONTRACTS** (Containing a "Patent Rights" clause)

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

<table>
<thead>
<tr>
<th>NAME OF SUBCONTRACTOR(S)</th>
<th>ADDRESS (Include ZIP Code)</th>
<th>SUBCONTRACT NUMBER(S)</th>
<th>FAR &quot;PATENT RIGHTS&quot;</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(1) CLAUSE NUMBER</th>
<th>(2) DATE (YYYYMM)</th>
<th>DESCRIPTION OF WORK TO BE PERFORMED UNDER SUBCONTRACT(S)</th>
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<tbody>
<tr>
<td>(1) AWARD</td>
<td>(2) ESTIMATED COMPLETION</td>
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**SECTION III - CERTIFICATION**

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

<table>
<thead>
<tr>
<th>a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR OFFICIAL (Last, First, Middle Initial)</th>
<th>b. TITLE</th>
<th>c. SIGNATURE</th>
<th>d. DATE SIGNED (YYYYMMDD)</th>
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<tbody>
<tr>
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</table>
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 !!