[Letterhead]

Subrecipient Letter of Intent

|  |  |  |  |
| --- | --- | --- | --- |
| Subrecipient: |  | Pass-Through Entity: |  |
| Subrecipient DUNS: |  | Pass-Through Entity DUNS: |  |
| Principal Investigator: |  | Principal Investigator: |  |
| Internal Project Identifier *(optional)*: |  | Internal Project Identifier *(optional)*: |  |
| **Institutional Administrator**  | **Institutional Administrator** |
| Name/Title: |  | Name/Title: |  |
| Phone: |  | Phone: |  |
| Email: |  | Email: |  |
|  |
| Project Title: |  |
| Awarding Agency: |  | Project Period: |  |
| Total Proposed Amount: |  | Cost Sharing Amount (if applicable): |  |
| Human Subjects Y/N:  |  | Vertebrate Animals Y/N: |  |

This proposal has been reviewed and approved by the appropriate official of [Subrecipient], and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the awarding agency’s policies, agree to accept the obligation to comply with award terms, conditions and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy. Specifically and when applicable, the Subrecipient and this submission is compliant with Health and Human Services (HHS) issued a regulation, [42 CFR Part 50 Subpart F](http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf), on financial disclosure for Public Health Service (PHS)-funded projects.

The following documents are attached to this Statement of Intent:

|  |  |  |
| --- | --- | --- |
|  | Statement of Work |  |
|  | Detailed Budget |  |
|  | Budget Justification |  |
|  | Other: |  |

Signature of Subrecipient's Authorized Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Authorized Official