**Subrecipient Letter of Intent**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subrecipient**: |  | **Pass-Through Entity:** |  |
| Principal Investigator: |  | Principal Investigator: |  |
| Internal Project ID: *(optional)* |  | Internal Project ID *(optional)* |  |
| **Institutional Administrator**  | **Institutional Administrator** |
| Name: |  | Name: |  |
| Title: |  | 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 all applicable policies. Please direct any contractual documents to the attention of the authorized official named below.

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 Subrecipient's Authorized Official