FDP Subrecipient Letter of Intent

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| Subrecipient (Sub) Legal Name: |  | Pass-Through Entity (PTE) Legal Name: |  |
| Sub UEI/DUNS: |  | PTE UEI/DUNS: |  |
| Parent UEI/DUNS: |  | PTE Parent UEI/DUNS: |  |
| Sub Principal Investigator: |  | PTE Principal Investigator: |  |
| Sub Internal Project Identifier (optional): |  | PTE Internal Project Identifier (optional): |  |
|  | | | |
| Project Title: |  | | |
| Prime Awarding Agency: |  | Project Period: | *Start: End:* |
| Total Proposed Amount  for Project Period: | $ | Cost Sharing Amount for Project Period: | $ |

***Project Use Information:***

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| --- | --- |
| Human Subjects Yes No | Vertebrate Subjects Yes No |

***Administrator:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sub Name/Title: |  | | PTE Name/Title: |  |
| Sub Phone: |  | | PTE Phone: |  |
| Sub Email: |  | | PTE Email: |  |
| Sub Email for Awards (if different from above): | |  | | |

This proposal has been reviewed and approved by the appropriate official(s) 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 inter-institutional agreement consistent with that policy.

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| ***The following documents are attached to this Statement of Intent:*** |
| Sub Statement of Work Sub Budget Justification  Sub Detailed Line Item Budget Other: |

Signature of Subrecipient's Authorized Official Date

Name and Title of Authorized Official

*Oct 2021*