

Subrecipient Letter of Intent



To be completed by institution issuing the subaward:

Pass-Through Entity (PTE)

PTE PI Department	PTE PI Name		
Prime Sponsor	Solicitation No.	Performance Start	Performance End
Proposal Title			

A. Subrecipient Institution

To be completed by the subrecipient organization:

Subrecipient is a participant of the FDP Yes *If yes, complete sections A-H then STOP. Return signed form.*
Expanded Clearinghouse: No *If no, complete the entire form, sections A-K, before returning.*

Institution's Legal Name			DUNS
Administrative Contact Name	Administrative Title	Administrative Email	Administrative Phone

B. Performance Site

Address		City	
State	ZIP + 4	DUNS	Congressional District

C. Subrecipient PI

Subrecipient PI Name	Phone	Email	eRA Commons User Name <i>NIH proposals.</i>
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D. Subrecipient Budget Request

Total \$	Direct \$	F&A \$	Cost-sharing \$ <i>Must be in budget & budget justification.</i>
Participant Support \$: <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Income: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Compliance Information

Human Subjects: <input type="checkbox"/> Yes <input type="checkbox"/> No	Export Control: <i>Do you anticipate the use, transfer or development of items, software or technology that is export controlled?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time
Vertebrate Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Responsible Conduct of Research (RCR)

- If NSF, subrecipient institution certifies it maintains an institutional plan compliant with NSF's Responsible Conduct of Research requirement.
- If NIFA, subrecipient institution certifies it complies with NIFA's "Responsible and Ethical Conduct of Research" requirements.

G. Checklist of Proposal Documents Required

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Statement of Work | <input type="checkbox"/> Budget and Budget Justification | <input type="checkbox"/> Other _____ |
|--|--|--------------------------------------|

H. Subrecipient Approvals

The Authorized Official certifies the information on this form is accurate and complete and that the associated proposal has been reviewed and approved by the appropriate personnel of the subrecipient entity. The appropriate programmatic and administrative personnel involved in this proposal are aware of the sponsoring agency policies and are prepared to enter into an inter-institutional agreement consistent with those policies. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Authorized Official Name _____ Title _____

Signature of Authorized Official _____ Date Signed _____

Note: **FDP Expanded Clearinghouse Participants – STOP HERE** and Return Form. All Other Institutions Must Continue.

I. Subrecipient Institution

To be completed by the subrecipient organization:

Address _____	City _____	State _____	ZIP + 4 _____	Congressional District _____
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F&A rate agreement: <input type="checkbox"/> Attached <input type="checkbox"/> Link _____	Institution Type _____
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Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check if Institution is: <input type="checkbox"/> Less than or equal to 5 yrs. old <input type="checkbox"/> HUB-Zone or Small Disadvantaged Business
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J. Compliance Information

Human Subjects Assurance Number _____	Animal Welfare Assurance Number _____
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K. Financial Conflict of Interest (FCOI) Compliance Statement

Check one.

- Subrecipient organization certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, "Promoting Objectivity in Research."
- Subrecipient does not have a compliant conflict of interest policy but will develop one prior to issuance of a subaward. A model policy is available at the [Federal Demonstration Partnership website](#).
- Subrecipient does not have a compliant conflict of interest policy and agrees to be bound by the conflict of interest policy of the issuing institution. (Ohio State url: orc.osu.edu)
- Not applicable - Non Public Health Service (PHS) funding.