



SUBRECIPIENT STATEMENT OF INTENT

A. Project Information

Prime Sponsor:

Project Title:

Period of Performance Start Date:

Period of Performance End Date:

B. Pass-Through Entity (PTE) Institution Information

Legal Name:

Address Line 1:

Address Line 2:

City:

State/Province:

Postal Code:

Unique Entity Identifier (UEI):

Federal Employer Identification Number (FEIN):

Principal Investigator Name:

Principal Investigator Email:

C. Subrecipient Contacts

Administrative Contact:

Phone Number:

Email Address:

Authorized Official Name:

Phone Number:

Email Address:



SUBRECIPIENT STATEMENT OF INTENT

E. Subrecipient Institution Information

Legal Name:

Address Line 1:

Address Line 2:

City: State/Province: Postal Code:

Country:

Organization Type: Congressional District:

Unique Entity Identifier (UEI):

Federal Employer Identification Number (FEIN):

Principal Investigator Name:

Principal Investigator Email:

Period of Performance Start Date: Amount Requested:

Period of Performance End Date: Cost Sharing Amount:

F. Documents

Statement of Work:

Budget:

Budget Justification:

Key Personnel Biosketches:

Key Personnel Current & Pending Support:

Other:



SUBRECIPIENT STATEMENT OF INTENT

G. Compliance

Human Subjects	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Animal Research	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Recombinant DNA	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Biohazardous Materials / Biosafety	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Human Embryonic Stem Cells	Yes	Approved	Approval Date
	No	Pending	Protocol ID
Human Subjects Data Transfer	Yes		
	No		

H. Signatures

This proposal has been administratively reviewed and approved by the appropriate Subrecipient officials, who certify its accuracy and completeness. The appropriate programmatic and administrative personnel of the Subrecipient involved in the application are aware of the prime awarding agency's policies, research security requirements and other regulatory requirements applicable to institutions compliance and investigators, agree to comply with award terms and conditions, certifications, and required training, and are prepared to establish the necessary inter-institutional agreement consist with that policy.

Authorized Organizational Representative Signature: Authorized Organizational Representative Title:

Authorized Organizational Representative Name: Date Signed: