[Letterhead]

Subrecipient Letter of Intent

|  |  |  |  |
| --- | --- | --- | --- |
| Subrecipient: |  | Pass-Through Entity: | Board of Trustees of the University of Illinois |
| Subrecipient UEI: |  | Pass-Through Entity UEI: | Y8CWNJRCNN91 |
| 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 is compliant Sponsor-Specific Financial Conflict of Interest (FCOI) rules and regulations of 42 CFR Part 50 Subpart F (PHS) and FR 2022-17 (DOE) and will adhere to its own institutional procedures to comply with these regulations, or

[ ]  the Subrecipient will adhere to Board of Trustees of the University of Illinois procedures to comply with Sponsor-Specific Financial Conflict of Interest (FCOI) rules and regulations of 42 CFR Part 50 Subpart F (PHS) and FR 2022-17 (DOE), or

[ ]  This submission is not subject to PHS or DOE FCOI regulations.

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

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Name and Title of Authorized Official