[As both parties are participants in the FDP Subrecipient Clearinhouse, this project-specific letter can be used instead of institutional commitment forms.

It is provided as Word document so that the information below can be copied/pasted onto Institution Letterhead – DO NOT COPY THIS HEADER]

**FDP Clearinghouse - Subrecipient Letter of Intent**

This proposal has been reviewed and approved by the appropriate official of [FDP institution name here], 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subrecipient: | |  | | Pass-Through Entity (PTE): | | |  | |
| Subrecipient DUNS: | | |  | PTE DUNS: | |  | | |
| Sub PI/PD: |  | | | PTE PI/PD: |  | | | |
| Internal Project Identifier (optional): | | |  | Internal Project Identifier (optional): | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institutional Administrator - Sub** | | | **Institutional Administrator – PTE** | | |
| 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: | |  | | |

The following documents have been provided with this Letter of Intent:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Statement of Work | |  |
|  | Detailed Budget | |  |
|  | Budget Justification | |  |
|  | Other: |  | |

Signature of [institution name] Authorized Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Authorized Official Name & Title