

# SUBRECIPIENT LETTER OF INTENT

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The University of Central Florida Board of Trustees
Sub UEI:		PTE UEI:	RD7MXJV7DKT9

Sub Principal Investigator:	PTE Principal Investigator:
Sub Internal Project Identifier <i>(optional)</i> :	FP#:

Project Title:			
Prime Awarding Agency:	Complete Project Period:	Start:	End:
Total Proposed Amount for Complete Project Period:	\$	Cost Sharing Amount for Complete Project Period:	\$

*If Cost Sharing, a separate cost share budget and justification should be attached.*

**Project Facilities & Administrative Rates (check one):**

- Federally negotiated F&A rate
- A reduced F&A rate dictated by the prime awarding agency
- 10% de minimis MTDC rate based on 2 CFR 200.414(f) "Indirect F&A Costs"

**Conflict of Interest (check one):**

- Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that conforms to 42 CFR Part 50.604 Subpart F and that all identified conflicts of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resulting agreement.
- Subrecipient does not have an active or enforced conflict of interest policy hereby agree(s) to comply with the University of Central Florida's policies and procedures (available at <http://www.coi.ucf.edu>) relating to financial conflicts of interest. In accordance with this commitment, each Investigator(s), defined as persons responsible for the design, conduct, or reporting of this work, will submit a Subrecipient Disclosure Form prior to the expenditure of funds and complete CITI conflict of interest training within 30 calendar days of agreement execution.

**Project Use Information:**

Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Stem Cells <input type="checkbox"/> Yes <input type="checkbox"/> No	Genomic Data Sharing <input type="checkbox"/> Yes <input type="checkbox"/> No
Select Agents <input type="checkbox"/> Yes <input type="checkbox"/> No	Recombinant DNA <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Income <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If Yes, please forward approval(s) to PTE PI as soon as available as approval(s) must be provided before any subaward can be issued.*

**Sub Institutional Authorized Official Information:**

**Sub Departmental Contact Information:**

Sub Name/Title:	Sub Name/Title:
Sub Phone:	Sub Phone:
Sub Email:	Sub Email:

Sub Email for Awards (if different from above): \_\_\_\_\_

Is Sub a participating organization of the [FDP Expanded Clearinghouse](#)?  Yes  No

*If NO, the Subrecipient will need to complete a Subrecipient Commitment Form.*

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.

**The following documents are attached to this Statement of Intent:**

- Sub Statement of Work (required)
- Sub Budget Justification (required)
- Sub Detailed Line Item Budget (required)
- Other: \_\_\_\_\_

**Subrecipient Institutional Authorized Official Signature:**

\_\_\_\_\_  
Date