

**Subrecipient Letter of Intent**  
FDP Expanded Clearinghouse Form

Subrecipient: _____	Pass-Through Entity: _____
Subrecipient DUNS: _____	Pass-Through Entity DUNS: _____
Principal Investigator: _____	Principal Investigator: _____
Internal Project Identifier <i>(optional)</i> : _____	Internal Project Identifier <i>(optional)</i> : _____
<b>Institutional Administrator</b>	<b>Institutional Administrator</b>
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.

The following documents are attached to this Statement of Intent:

<input type="checkbox"/>	Statement of Work
<input type="checkbox"/>	Detailed Budget
<input type="checkbox"/>	Budget Justification
<input type="checkbox"/>	Other: _____

\_\_\_\_\_  
Signature of Subrecipient's Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Official

**Mailing Address**

Mail Stop 1039 | 3901 Rainbow Boulevard | Kansas City, KS 66160 | (913) 588-1261 | Fax (913) 588-3225 | [www2.kumc.edu/researchinstitute/](http://www2.kumc.edu/researchinstitute/)

**Physical Address**

4330 Shawnee Mission Parkway | Fairway KS 66205